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THE CINCINNATI MEDICAL NEWS.

EDITED BY

J. A. THACKER, A. M., M. D.

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THE
CINCINNATI MEDICAL NEWS.

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ORIGINAL CONTRIBUTIONS.

Case of Sympathetic Otitis.

BY E. A. COBLEIGH, M. D., ATHENS, TENN.

Two years ago I had under treatment a case of otitis that interested me a good deal, and in its suspected causation was, to myself at least, quite novel. But not until recently did I find any confirmation for my etiological hypothesis, wherefore I neglected to report the case in the journals. Perhaps to specialists in the department of aural affections there may be nothing remarkable in my report; perhaps it may present no novel features; but I make no claim to being an aurist personally, and so far as my facilities for consultation of authorities extend, have been unable to find any parallel to the case in question; wherefore I give it to the readers of the NEWS, mainly for the benefit of the large mass of said readers whose time, or taste, causes more or less neglect of otological studies, and who yet, being engaged in general practice, frequently have to treat ear diseases, and naturally wish to do it intelligently and well.

S. H., a contractor and mechanic, aged about twenty-eight years, robust and hearty, applied to me for an aural examination, giving the following history: Some five or six months previous to this visit he was quite busy doing some work on house-roofs, and his services were very much in demand, as building was, for the times, unusually active. This was in the late summer. His ear was found to be sore and tensive one morning on waking, and during the day became decidedly painful "deep in," forcing him to go to his family physician for relief at dark. Only mentioned above, and no other symptoms of disease. Hearing is nearly, if not quite, normal, notwithstanding the extensive destruction of that delicate tissue, the perfection of which is generally essential to good hearing.

Now as to the etiology. He could assign no cause for his attack, though I questioned him closely. But, after my first examination and treatment, he cursorily asked me to look at an inferior wisdom tooth, which was giving him considerable trouble. It was on the same side as his diseased ear, and the gum around it was very much swollen and congested. This I speedily relieved by free scarification, and to my surprise the ear trouble was materially mitigated at the same time. Suspecting, yet hardly deeming the opinion tenable, that perhaps the gingivitis had some influence on the aural disturbance, I questioned him more closely on that point, when it transpired that previous to the inception of his primary otitis this same tooth had been troubling him severely, and was so doing when the ear disease reached its highest degree of intensity. At that time he was "cutting" the tooth, and it proved so painful as to deprive him somewhat of his rest. But in the suffering of otitis he lost sight of the lesser pain of the gingival disturbance, except that he remembered its having interfered with mastication so that he scarified the gum, or tried to, with his own penknife. On the day preceding the discharge of the auricular abscess, he recollected that the eruption of this troublesome tooth was fairly accomplished, as demonstrated by finger and mirror.

Though querying in my own mind whether any relation of cause and effect could be scientifically affirmed in this case, I was at first rather inclined to regard it as a mere coincidence, despite the intimate relation of the inferior dental nerve with other neural branches supplying the meatus and deeper structures of the ear. But I could not dismiss my idea of the improbability of a repetition of any such coincidence at a date several months after the first occurrence. This was more difficult, too, because the patient was stout, free from any constitutional taint, and with no previous tendency to any affection of mouth or ear, liable to be kindled into full play by some slight cause, or neighboring pathological action. The more I pondered it the more ready did I become to accept as correct any hypothesis of sympathetic otitis, in the case in question, depended primarily on dental irritation. And a few months ago practical confirmation of such opinion occurred to me. The *same patient* presented with threatening eruption of the mate to his mischievous old molar. Two years after cutting the first its fellow of the other side was coming through; and it was giving rise not only to swelling, congestion and pain in the jaw, but tinnitus aurium, vertigo, throbbing, and external tenderness about the meatus of the corresponding ear, was decided, with slight otalgia. I at once freely cut the gum over the advancing crown, and scarified the neighboring edematous tissues. The whole trouble vanished in a few hours, the tooth found easy exit, and no ear disease resulted. I needed nothing further to convince me of the origin of the former attack of otitis in trigeminal neuralgia, propagating an irritation to the ear, which probably first interfered with the nutritive functions therein, and, later, gave rise to a higher grade of vascular disturbance, that eventuated in destructive inflammation. Taking this for granted, then, may we not carry the idea to another point, and trace the cause of many infantile cases of attorrhœa to dentition? We know that a vast number of such attacks occur at the ages when the first and second dentitions are progressing, and many times no obvious causation for the affection is, or can be, assigned, except the greater susceptibility of early life to atmospheric vicissitudes and diseases generally. We charge too much to "colds" anyway, to conceal our own doubts or ignorance. Would it not be well, in these cases, to follow a rule of close examination of the mouth, and at once incise tense and angry portions of gum, if any such are found? Certainly it can do no harm, and *may* result in unexpected good.

Another confirmatory case, establishing molar and aural sympathy, fell into my hands soon after this last. A married lady, of about thirty years, consulted me regarding unpleasant noises in one of her ears, which had been continuous for several years, but always worse on lying down, and sometimes so severe as to produce trying vertigo, and nearly "drive her frantic." Hearing was good in that ear, except when at its worst, and then the confusion of sounds was extreme. Otoscopic examination revealed a perfectly normal meatus and drum. On resorting to rhinoscopy I found no evidence of pharyngeal, eustachian, or post-nasal disease. But accidentally touching the last inferior molar of right side with my throat mirror, she instantly gave a start, and informed me that that tooth had always been tender and "grumbly" since its first appearance. The right ear was the affected one also. I soon ascertained that the tinnitus and tooth eruption occurred first at about the same time, and, though the molar showed no flaw anywhere, it had periods of dull aching, and then the ear was always worse. Learning that a dentist was coming to her house that very afternoon to do some filling on her other teeth, I advised her to have the disturbing wisdom-tooth extracted. Though loth, she consented; it was done, and her tinnitus is wholly and finally gone.

Foreign Bodies in the External Ear.

BY W. R. AMICK, M. D., CINCINNATI, OHIO.

Continued from the January number.

SINCE writing the first part of this article, a young man, Fred. N., presented himself for treatment for some kind of aural trouble. On examination, a dark substance was found filling the internal portions of both external auditory canals, obscuring the drumheads. The substance in the right ear was darker than that in the left, and when removed proved to be cerumen. When the object that was in the left ear was removed, it was found to be a species of moth, in a fair state of preservation. The lower part of the body and the tips of both wings, more of the left than of the right, were gone. It measured fifteen millimeters, and it is safe to say that at least five millimeters of its original length were destroyed. As soon as he saw it he remarked, "That bug got in my ear last June when I was lying on the grass in the park. I tried to get it out with my finger, but pushed it into my head. It lived for two days, and kept scratching around and moving about." We removed the bug from the left ear, but he declared that he "was lying on his right side and that it entered the right ear, had gone through his head and was trying to get out at the other ear." This I am satisfied is a mistake, and as it has been about eight months since the accident happend, he has forgotten which ear it was. Even if it should be necessary to say anything on this subject (but it is not), we might refer to the fact that the membrana tympani were intact, without any indication of having been perforated, and it would be utterly impossible for an object the size of this bug to be even forced through the tubes. Furthermore, the bug had its head down upon the drumhead, and its body and wings lying outward in the canal.

From his statement in this case, it can be seen how easily false reports get circulated. When he made the remark that it had gone through his head, etc., I made no reply. He will, therefore, tell his friends a wonderful story how a large bug got into his ear; how it went entirely through his head; how it was taken out of the other ear, etc.

Another form of trouble connected with the external ear, which can very properly be classed under this head, is the growth of aspergillus. It is generally found located upon the membrana tympani, but may grow in any portion of the canal. When it is situated upon the drumhead, it spreads out and forms a false membrane over the latter, and, extending, lines the inner wall of the canal. When the growth is extensive and is removed entire, it has the form of the canal, and also resembles a glove finger. In appearance, it is darker than normal membrana tympani, looking like a piece of newspaper after it has been placed in the water.

An ear that has recovered from an attack of supurative inflammation, is generally more favorable than any other for the growth of aspergillus. The growth is, as a rule, rapid, so that it can not remain long in the canal without causing sufficient trouble to demand the attention of the patient.

Aspergillus produces, in addition to the ordinary symptoms of a simple foreign substance, such as deafness, tinnitus, aurium and a condition of fullness, a burning or itching sensation, attended in some cases with pain. There may be some congestion of the membrana tympani, but this is generally hidden from view by the pseud-formation. In a few days there is a serous discharge takes place, having a straw color. This discharge is sometimes of an acrid composition, and if allowed to run down over the concha and lobe of the ear may produce an excoriation.

In a case that came under my observation, the location was in the inferior portion of the canal, about eight millimeters from the drumhead. The patient stated that she had a slight watery discharge from her left ear, and that every day she removed some yellowish-looking substance with a pin. Under the instillation of alcohol and salycilic acid the trouble disappeared.

Polypus in the external auditory canal may properly be classed under the second class—generated within. In regard to this fungus we will make but a few remarks in the present article. It is generally produced by, or the result of, a chronic otorrhœa. The discharge continually bathes the mucous surfaces of the tympanic cavity and the lining membrane of the canal. In the latter, this is followed by excoriation and inflammation. As a result of this, we have granulations formed. Granulations, from this cause, are of a fungous nature, and might properly be called incipient or small polypi. One or more of the granulations may grow rapidly, and if located in the tympanic cavity, the most common origin of aural polypi, will soon pass through the perforated membrana tympani into the external auditory canal. Here it will fill up the passage and be a foreign body. Cases of this kind are most always preceded by an acute otitis media purulenta, which has not been relieved by treatment, and the discharge allowed to continue for an indefinite length of time.

The symptoms of a small polypus are not very pronounced, in fact, the patient may be ignorant of its existence until after the ear has been examined by a physician. There is generally more or less fullness, headache or vertigo, attended with deafness, and in some instances pain, and even swelling of the integument of the canal and auricle. When the polypus is large, entirely closing up the canal, and the eustachian tube is patulous, pus may find its way to the throat, as occurred in a case which we treated last summer. In a case under treatment at the present time, there has been considerable pain in the ear, and the headache has been very troublesome for several months. There has also been a very free secretion of pus, although the polypus was not larger than a hazel-nut. The origin in this case is in the upper and posterior wall of the tympanic cavity. The pedicle passes through the membrana tympani in the posterior superior quadrant.

As the province of this article is simply to speak of polypus as a foreign body in the external canal, we will not say anything in regard to its nature, classification, etc.

In speaking of the treatment of foreign bodies in the external auditory canal, we will first refer to a few of the methods employed when aural surgery was in its infancy.

For the removal of a foreign body from the ear of a child, Archigines gave the following directions: Seize it by the feet and give it a vigorous shaking, while an adult was to be placed in a recumbent position upon a table, and the leaf nearest the head raised and then closed with a slam. The following unique and peculiar advice is given by Arcularius: Cut off the head of a a lizard and place it in the ear, leaving it there for three or four hours; then remove it, when the foreign particle will be found in its mouth. The modus operandi of how the foreign particle passes from its position in the ear to the reptile's mouth, located at the concha, is not explained. I suppose it comes under the head of "presto change," which gives a very clear and definite explanation (?) of this mysterious performance. Another method was, that the operator should take a small bit of cotton wool, roll it into a ball, and after examining the ear, make an attempt as if removing something from the cañal, and immediately throw the wool into the fire, impressing upon the mind of the patient the fact (?) that it was taken from the ear. It is very evident that in this proceeding faith plays the most important role, for without that ingredient the operation amounts to *nil*.

It will not be out of place to state the method of examining the ear as directed in a treatise on the eye and ear that was printed in this country in 1821: "Although air can not be made to issue at the meatus externus, we are not, therefore, authorized to draw the conclusion that the membrana tympani is sound. It probably is so, but it must be ascertained by actual examination. The ear must be inspected in a strong light. For this purpose, the patient should be set in such a position that the rays of the sun may fall into the meatus, and illuminate it sufficiently to make the bottom visible; or, the ear may be sounded with a blunt probe, and any person acquainted with the particular feel of the membrana tympani, may easily distinguish it by the touch. If the membrane be defective, the instrument will pass into the tympanum, the bony superficies of which is still more readily distinguishable."

The sage advice given by an old lion-tamer to a young scion of the profession that subdues the king of beasts, was, "First trap your lion." So it is with removing foreign bodies from the ear. First satisfy yourself by a careful examination that there is a foreign particle in the canal, and unless you can see it don't undertake to remove it. For, to make a correct examination, it is necessary to have an aural mirror and speculum and a good light. When you find that there is really something in the ear, then its removal will depend upon its size, location and surroundings. The majority of small particles may be washed out by means of the aural syringe. This should, as a rule, be the first proceeding. If this should not be successful, and the object can be seized with the forceps, then remove it in that manner. In a great many instances, where the particle is lodged upon the membrana tympani, and is too large to be carried out by the reverse current from the syringe, it may be dislodged by it, and placed in such a position that it can be grasped with the forceps. If the particle is imbedded it may be necessary to use a scoop to loosen it.

It is scarcely necessary to say that in any case where instruments have to be used that a great amount of care is requisite. The reason is evident. When a foreign substance has remained in juxtaposition to the membrana tympani for any length of time it is liable to produce an inflammation of that organ, thus diminishing its powers of resistance. There may also be swelling of the integumentary lining of the canal, which materially, if the latter is marked, complicates the operation. The danger then is, as you are unable to pass an instrument, so easily at least, between the object and the side of the canal, that you are liable to press it against the drumhead and rupture that membrane. If the particle has been in the ear but a short time, or has not caused any change in the membrane, then its powers of resistance remain unchanged. But when it has remained against it a sufficient length of time, and has caused not only inflammation, but suppuration, it is not only at the expense of the resisting power, but the drumhead itself. This is where the object is large and can not be displaced by the syringe, and you can not grasp it with the forceps.

A very ingenious method for removing large particles imbedded at the bottom of the canal, is to take a strong camel-hair brush and dip it in liquid glue or stratina, and place it against the object, keeping it there until it is dry, then carefully withdraw it.

For removing a pea or bean that has remained at the bottom of the canal until it has become swollen, I have had the best success by splitting it with a Graefe's cystotome. By the use of this instrument there is an advantage gained over the common bistoury. .With the latter the pressure is made more from without inward, while with the former it is the reverse.

After the pea or bean has been divided, then there is generally no trouble attending its removal.

Small insects can easily be removed with the syringe, unless they have fastened themselves to the walls of the canal or membrana tympani, then they will have to be removed with the forceps or hook.

For the destruction of an insect while it remains in the canal, I have found a solution of amyl nitrite to be very good.

Large insects are not hard to remove, as it is no trouble to see them, and the forceps is generally the only instrument needed, if the syringe should fail.

For the destruction of aspergillus, after the canal has been as thoroughly cleansed as circumstances will per mit, the instillation of spiritris rectificatus is about the best application, and in a few days generally destroys them.

Polypus may be removed either with caustics, the knife or the snare. After the body has been removed the root must be destroyed, or another polypus will grow. The root can be destroyed by applying caustics or acids. Probably the best is chromic acid carefully applied.

* * *

COLLECTING BILLS.—Further steps toward making this a more practicable and easy process are being taken among the profession in the West. The physicians of Quincy, Ill., have adopted a series of resolutions by which they agree to render their bills monthly, and employ a common collector, who will keep a delinquent-list for the benefit of his patrons.—*New York Medical Journal.*

SELECTIONS.

Alterations of the Dead-born Fetus.

BY M. DENAIRE.

THE fetus dead in the mother's womb is not always immediately expelled; it may remain a greater or less time in the uterine cavity, and there undergoes various modifications, described under the term maceration. Maceration is not putrefaction: the fetus is in a closed cavity, where it has no contact with the air, which is the important element in putrefaction. Maceration is revealed by several phenomena observed in the fetus and its annexes: placenta, cord, amniotic fluid, membranes.

1. *Fetus.* The principal characters presented in a macerated fetus, which permit it to be recognized from a fetus dead after birth, are: Absence of cadaveric rigidity, softness of ligaments, epidermic desquamation, change of color in the skin and organs, and softening of the latter.

The first phenomenon which strikes us in examining a dead-born fetus is the complete *absence of cadaveric rigidity.* To be of importance, however, this phenomenon must be observed before the fetus has undergone malaxations, or before putrefaction has set in, for rigidity disappears soon under the influence of both these causes.

Besides this absence of rigidity, which comes from muscular relaxation, great softness of the ligaments is seen, hence extreme mobility of all the articulations, and in particular of the sutures of the bones of the skull. These last, extremely mobile, give on palpitation a special sensation, compared to that of a bag of nuts. About these the hairy scalp becomes too large, presents folds at various points. This phenomenon may serve to diagnosticate the death of the fetus while it is still in the uterine cavity, by means of the touch.

The epidermic desquamation is an important sign. It may be produced either spontaneously or accidentally. Spontaneous desquamation is due to the formation of phlyctenæ, produced by an exudation of serum; these break and leave the derma exposed. Accidental desquamation is that which results from friction during delivery, or from handling afterward. The degree of desquamation varies according to the length of time since the death of the fetus. When the death is recent, it is necessary to pinch the skin strongly to produce it; when long dead, on the contrary, it is produced by the slightest contact. From this fact we may determine the probable date of death. For this the progress of desquamation should be studied upon a fetus recently dead, macerated in a liquid for some time, making daily observations of the epidermis.

In the desquamated parts the derma, exposed to the air, takes, at the end of some hours, a bright red color, due probably to the action of the oxygen of the air upon the hematine; at the same time the surface hardens from drying.

The coloration of the fetus furnishes very valuable signs. At the beginning a yellowish coloration is observed, due to the meconium, which always escapes at the moment of death and mixes with the amniotic fluid. But after some time this coloration disappears, to give place to a rosy or uniform slate-gray coloration, due to the blood which becomes altered, loses its properties and escapes out of the blood-vessels into the tissues. The slate-gray color probably results from a transformation of the hematine of the blood. It begins in the abdominal walls, where it presents itself in spots, which give to the abdomen an appearance resembling the belly of a frog. This similitude is increased by the flat form and flaccidity due to the formation of *post-mortem* ascites, which is produced by the transudation of blood. Beneath the skin, the plasma spreads into the meshes of the connective tissue, and forms either a rose-colored jelly or a white lardaceous substance.

The blood is more or less completely decomposed; the globules become raspberry-like, are destroyed, and their coloring matter mixes with the plasma, which gives it a color varying from rose to brown-red, and which, changing with time, may even approach that of leather. In the large veins, as the vena cava, large clots are found.

All the organs finish by taking a uniform tint, the result of progressive imbibition of the altered sanguinolent liquid in which they are continually bathed. This coloration, however, does not appear everywhere in the same manner; thus the liver preserves for a greater or less time its yellowish color due to the bile, and the brain its white color.

At the same time that they become colored the organs soften. The softening commences with the brain, which then appears under the form of a rose-colored pulp. The lungs and muscles preserve their solidity longest; they sink in water; but as they are susceptible of being inflated we should not conclude positively if they float that the fetus has breathed, for the insufflation may have been produced artificially.

The eyes become soft; sometimes the white of the eye can no longer be distinguished, it having taken on a red coloration: the cornea is lusterless and turbid. At the end of some days there is found in the ocular cavity a sanguinolent liquid which has replaced the aqueous and vitreous humor. In cases of long dead the eyeball is completely flattened.

Microscopic examination of macerated fetuses has been made by Virchow and by Lempereur. (These, Paris, 1865.) The common character of alteration of all the organs is fatty degeneration.

In the muscles, striation is recognized, between which are seen fine fatty granulations; the cells of the liver are destroyed, their place being taken by a fine granular detritus. The blood at the beginning may present raspberry like globules, but soon only amorphous elements and fatty cells are found.

It is generally impossible to diagnosticate the cause of death from examination of the fetus; it is sometimes found in the placenta; but often it is found neither in the fetus nor in its annexes, for it comes from the mother or from detachment of the placenta.

The epoch of death is very difficult to determine, for we have no data. Still we may establish several periods:

In the first period, which lasts about two days, the fetus is colored yellow by the meconium. In the second period the yellow color disappears to give place to coloration by hematine. According as this coloration is more or less uniform and more or less deep, the death is more or less ancient. In the third period the sanguine color has completely disappeared, the fetus is entirely of a grayish white; this state comes on at the end of a month.

2. *Placenta.* It presents a uniform color resembling that of the fetus, and displacing the normal color. Nev-

ertheless, in the parts where the mother's blood circulates, there are still found traces of maternal circulation; the blood has not yet lost its color, and recent unaltered clots are frequently encountered, though no traces of them are found in the fetus itself. The normal consistence disappears to give place to great friability and flaccidity. With the microscope the villosities are found much larger than in the normal state, and are infiltrated with fatty granules. This augmentation of volume of the villosities due to infiltration leads to an increase of the total volume of the placenta.

3. *The Cord.* The cord, like the placenta, is more flaccid and presents a uniform color like the fetus, is smooth and infiltrated, flattened, and there is a disappearance of its spiral form.

4. *Amniotic Fluid* During the first period it is colored by the meconium. At the second stage it takes on a reddish color and finally brownish, due to transudation of the blood of the fetus through the tissues.

5. *The membranes* present the same change of color. In the first period they are strongly tinted yellow by the bile. In the second they become reddish. The amniotic fluid is the vehicle of the coloring matter. The membranes become more friable than in the normal state.

From these considerations result the following practical points:

1. When the amniotic fluid escaping from the bag of waters is colored by meconium or blood, death of the fetus may be feared.
2. Epidermic desquamation of the fetus is an incontestible proof of death *in utero*.
3. Debris of cord or placenta suffice to denote death before labor.—*Ch. Med. Jour. and Ex.*

Ambrose Pare—1509--1590.

Thousands of human lives have been saved during the past three hundred and thirty years by the substitution of the ligature in place of the red-hot iron, which was previously employed to arrest hemorrhage from divided blood-vessels. The relief that came to the world by putting an end to the cruel torture occasioned by burning or scalding gun-shot wounds with boiling hot oil is incalculable. It was "the Father of French surgery" who wrought both of these great reforms, Ambrose Pare—the grand, the imperial surgeon of the sixteenth century; the earnest and devout old Huguenot, who ever ascribed all glory, power and praise to our heavenly Father, claiming that he dressed the wounds only, and that God cured them.

This "famous chirurgeon" was born at Bourg-Hersent, near Laval, in the province of Mayenne, France, in 1509 or 1510. He died at the age of eighty-one years at Paris, December 20, 1590. His parents were humble and poor, in consequence of which his early education was much neglected. He studied Latin, however, with a priest, and in return cultivated the garden of his reverend master, and groomed his mule.

Pare was early apprenticed to a barber-surgeon, by the name of Vialot, who taught him the rudiments of minor surgery. Colot, the celebrated lithotomist of that period, who came into the neighborhood of Laval to operate for stone, invited young Pare to hold his patient. The result of this opportunity to witness the surgeon's skill caused this youth to resolve to go to Paris to perfect himself in the science and art of chirurgery. The barber-surgeons then monopolized all the knowledge of this subject, and were the sole expounders of the art.

The works on the subject were few and faulty. Albucasis, Lanfranc, Brunus, Guido de Cauliac, and John de Vigo were the principal authorities. Pare pursued his studies three years in Paris, residing most of this time in the Hotel Dieu, that still famous hospital. When twenty-seven years of age (1536) he received the appointment of military surgeon, and from this date he served in this capacity for a third of a century. He became a member of the fraternity of Master-Surgeons, and subsequently was elected provost.

In 1552 he was appointed surgeon to Henry II., and thenceforth "the kings of France transmitted him to their successors as a legacy of the crown," holding the same position, in regular succession, to Francis II., Charles IX. and Henry III. These monarchs were all warmly attached to him; he was at once their privy-counselor and their professional adviser; he followed them in their campaigns, attended them in their retirement. Their confidence in his skill was boundless. When Metz was invested (1552) by the great army of the Emperor Charles V., and sickness, and fearful mortality resulted from wounds, the besieged became discouraged, a horror possessed their minds "that the medicaments wherewith they were dressed were poysoned; which caused Monsier de Guise and other Princes to send to the King for mee, and that hee would send mee with Drogues to them, for they beleeved theirs were poysoned, seeing that of their hurt people few escaped. I doe not beleeve there was any poyson, but the great stroakes of the Cutlasses, Musket shot, and the extremity of cold were the cause." (Johnson's translation, p. 1150; Lond., 1634.) He then proceeds to describe by what means he was clandestinely brought into the city, and how M. de Guise commanded that he "should be well used, and bid mee I should not faile to be the next day upon the Breach, where I should meete with all the Princes, and divers Captaines, which I did; who receaved me with great joy, who did mee the honour to imbrace me, and tell me I was very welcome, adding withall they did not feare to dye if they should chance to be hurt." (*Ibid.*) It is believed to be due to the inspiring effect of his presence at this critical juncture that the besieged held out until the Spaniards were obliged to raise the siege.

It is said that it was through his influence over Charles IX., that a stop was put to the progress of the massacre of St. Bartholomew (August 24, 1572), when 70,000 Protestants or Huguenots were butchered in Paris and other parts of France by order of that weak and deluded prince. The old story that Pare was hidden in a closet to protect him from the fate of the other Huguenots is without foundation. He depended for safety on the promise of the king never to interfere with his religion.

Among the improvements to operative surgery, for which we are indebted to this illustrious surgeon, the application of the ligature to cut or wounded blood-vessels is the greatest. For ages previous the actual cautery had been the principal means of staunching traumatic hemorrhage. The idea of tying arteries and veins was not absolutely new to the world, yet the practice of it was entirely so. Galen, Celsus, Avicenna and Albucasis had all alluded to it, but evidence is wanting to prove that any of them had practiced it. Certain it is it was not in use at that day, and its employment by Pare brought upon him violent and unmerited abuse. Thus Gourmelen called him a blood-thirsty, cruel rascal. In book 12, chapter 24, Pare explains the circumstances which led him "to devise this new form of remedy," wherein he "confesses" that he formerly used the actual cautery, "which thing can not be spoken, or but thought upon without great horror, much less acted;" and for having followed "this old and too, too cruel way of healing," he thus laments: "Whereof I am ashamed and aggrieved." He believed that this new method came to him by inspiration. "I think it was taught me by the special favor of the sacred Deitie; for I learnt it not of my masters, nor of any other, neither have I at any time found it used by any. Only I have read it in Galen, that there was no speedier remedy for staunching of blood than to bind the vessels through which it flowed towards their roots, to wit, the liver and the heart."

Pare introduced podalic version in difficult labors; was first to employ the twisted suture in operations for the cure of hare-lip; first to extract loose cartilages from the knee joint; and first to reduce dislocations of the shoulder by the heel in the axilla. His works abound in ingenious devices, some of which have been claimed to be of recent invention. For example, a saw in every respect like Hey's; a club-foot boot, such as that devised by Syme; fine models of artificial legs, hands, noses and ears; also figures of drainage tubes, etc. Pare was a voluminous writer. His collected works make a ponderous folio of over a thousand pages. The first edition was published at Paris in 1575, having been amply illustrated with three hundred engravings, which cost him three thousand livres. It was dedicated "to Henry the third, the most Christian king of France and Poland." The following is an extract from the preface, as translated by Johnson, London, 1634:

"For God is my witness, and all good men know, that I have laboured fifty yeares with all care and paines in the illustration and amplification of chirurgery; and that I have so certainly touched the marke whereat I aimed, that Antiquity may seeme to have nothing wherein it may exceed us, beside the glory of invention; nor posterity any thing left but a certaine small hope to adde some things, as it is easie to adde to former inventions. In performance whereof, I have been so prodigal of myself, my watchings, faculties and meanes, that I spared neither labor nor cost, whereby I might satisfie and accomplish my own desires, this my great work, and the desires of the studious. Neither may we doubt but their studies would at the length waxe cold, if they only furnished with the Theorick and Precepts in Schools and that with much laboure, should see no manuall operation, nor manifest way of performing the Arte, For which cause I seeking the praise and profit of the French Nation, even with the hinderance of my particular estate, have endeavored to illustrate and increase Chirurgerie hitherto obscure either by the infelicity of the former ages, or the envy of the Professors; and not only with precepts and rules, but being a lover of carved workes, I beautified it with 300 formes, or graven figures and apt delineations, in which whosoever shall attentively looke shall find five hundred anatomicall or organicall figures belonging to the Arte (if they be reckoned particularly). To every of these I have given their names and shewed their use, least they should seeme to have beene put in vainly for ostentation or delight."

This work has passed through numerous editions, and has been printed in French, German, Dutch and English. The following is as complete a list of the several editions as I have been able to compile: French, *Paris*, fol. 1575, 1579, 1585, 1598, 1607, 1614, 1628, octavo, 1840–1. Latin, *Paris*, fol. 1582; *Frankfort*, fol. 1594, 1610, 1612. German, *Frankfort*, fol. 1601, 1635. Dutch, *Leyden*, fol. 1604. *Amsterdam*, fol. 1615, 1636, 1649. *Harlem*, fol. 1527. English, *London*, fol. 1634, 1678.

It is difficult to write a short sketch of Pare, so much can be found in his writings worthy to be mentioned. His stature was tall, his figure slender, his countenance grave and dignified. All his portraits represent him in his court dress, with the frilled collar characteristic of the age. The portrait which adorns this number of the *Annals* is a reduced *fac-simile* of the one in the first and most magnificent Latin edition of his works, published at Paris, in grand folio, during the lifetime of Pare.

Medico-Chirurgical Society.

Stated Meeting, August, 1879.

CHRYSOPHANIC ACID IN PSORIASIS.

Dr. Hardaway.—I wish to exhibit to you this young gentleman whom I have been treating for a diffuse psoriasis. The remedy employed by me was chrysophanic acid and the result, so far as dissipation of the eruption is concerned, has been truly remarkable. You will observe on this patient numerous dead white patches, surrounded by areas of dark, brown-looking skin; but on close inspection, you will note that these spots are destitute of scales, and entirely supple and smooth to the touch. This abnormal coloration will shortly diappear, leaving the integument normal in appearance. The rapidity of effect obtained by the chrysophanic acid treatment, as compared with former methods, is interesting; a week, under this remedy, will accomplish more, as a rule, than a month's persevering use of other drugs, whether locally or constitutionally administered, or both combined. I should like to say in regard to this drug, that it is a powerful stimulant to the skin, and, therefore, must be used cautiously, and not over too large a surface at one time, as you may get up intense erysipelatous inflammation of the surrounding healthy skin by its injudicious application. I believe that in the majority of cases an ointment of from 15–30 grs. to the ounce, is sufficiently strong. In passing, it may be said that chrysophanic acid is an effectual local application in all parasitic affections, and has proved very serviceable in lupus. Great care should be taken, if indeed it is at all safe, in applying the acid in the neighborhood of the genitals and about the face, as it is apt to cause marked edema in these parts.

The chief objection to the drug is its bad quality of staining the skin, dying the hair, and utterly ruining underclothing and bed linen, but these various inconveniences may be avoided with a little care.

Dr. Prewitt.—That is a very interesting case, especially in view of the success of the treatment. Psoriasis is a symmetrical disease, and Paget has laid it down as a rule, that all symmetrical diseases are blood diseases, and why a local application should cure a disease of that kind, is surprising; but that it should be beneficial is not. I have always given these cases constitutional treatment as well, and I find that they yield quite readily, although not as promptly as this one has done. I do not suppose chrysophanic acid has any specific properties, merely improving the local nutrition of the part, as do the tarry and other stimulating applications formerly recommended. The history of psoriasis shows that it returns sooner or later in all cases, and if it can be proved that this new method of treatment permanently removes the disease, the acid should be considered a very marvelous agent. For my part, I scarcely believe that psoriasis is an affection that can be eradicated by merely local means.

Dr. Hardaway.—I make no such claim for chrysophanic acid. The disease will as surely relapse after its use as after the use of other drugs. I claim merely for chrysophanic acid, that it will remove the local trouble more rapidly than any other remedies at our command. Again, psoriasis will relapse after the most rigorous constitutional treatment. If arsenic, or any other so-called constitutional specific for psoriasis, alone or combined with local treatment, would cure the disease more rapidly, or cause few relapses, than under a purely local treatment, I should say by all means use such measures; but such does not seem to be the case—the recurrences seem to be as frequent as when local remedies only are applied. Then why plague a patient with internal medication for the sake of a theory, whether true or false it matters little, if the results do not square with the hypothesis?

ENLARGED CLITORIS—RUDIMENTARY VAGINA.

Dr. Carson.—Some three weeks ago I had a case, which may be of some interest to the Society. A woman with a well-developed child about five years of age, came to me and said there was something the matter with the child's vagina. Upon examination I found a clitoris about one inch in length, and upon each side a large prominence which I thought might be testes, but which, upon examination, proved to be nothing other than a prominence caused by an excessive supply of adipose tissue. Raising the clitoris I found it hung between the thighs, covering a small opening about the size of the head of a large pin. I could pass a probe about an inch downward, and by curving the probe, it entered a distance of about one and a half or two inches downward and backward, showing a rudimentary vagina to be present.

The mother asked my advice with regard to an operation. Of course, I advised against it. She wished to know if the child was an hermaphrodite; I told her it was what is usually termed an hermaphrodite, but there was nothing more than an excessive development of the clitoris. The prominences on each side of the clitoris were very marked, and looked as if they might contain testes, but were nothing more than adipose tissue. The opening extended from that small opening, which was no larger than the head of a pin, to the anus. There was a little opening at the end of the clitoris, which appeared to be very much like an opening into the urethra, but, in attempting to pass the probe, I found it was merely a blind sac. There were also folds of skin which seemed to give it the appearance of the penis exposed. On the whole it presented very much the appearance of a penis. On examination I found the opening into the bladder back behind the clitoris in the natural site, may be a little further advanced.

Dr. G. A. Moses.—I have never seen but one case of the kind. So much depends upon the development of the child, and the development of the parts, that it is hard to give a general rule by which to treat such cases. If there be a properly developed vaginal canal above the occlusion, if the occlusion appear to be simply a partial one, or an exaggeration of the hymen, I think it just as well to let it alone until development is completed. I do not see any reason for hastening the operation. After development has progressed beyond the period of childhood, we can then judge pretty well as to the amount of deformity that exists, and can operate with much more intelligence, whilst if we operate too early it may be necessary to repeat the operation at a later time.

Dr. Ford.—I agree with you. But the advice is very often given to let these cases alone until menstruation has occurred, while probably it has always to be done before menstruation occurs.

Dr. Moses.—I think we should wait at least until the approach of maturity. In early life, it is impossible to make a thorough examination of the parts; you can not tell the size and position of the genital organs, and it would be operating entirely in the dark as to the future.

Dr. Carson.—In this case, the vagina was not imperforate. There was an opening leading into the rudimentary vagina, and I took it to be more than probable that there was to be no menstrual flow.

Dr. Ford.—If there is a uterus, there must always be a menstrual flow, no matter how ill-formed the vagina may be.

Dr. Moses.—Dr. Ford has made a statement, that if there be a uterus, there must be a menstrual flow, which recalls to my mind two cases. A few days ago a gentleman who had been married about eighteen months or two years, brought his wife to me. She was a well-developed woman, about twenty-five years old. She had never menstruated in her life. She had a perfectly formed vagina, and, so far as the examination went, the uterus was perfect. I did not explore the cavity, because it was not convenient for me to do so at the time. She had never had any menstrual discomfort. She had well-formed mammae and was an extremely well-formed woman externally.

That was a case of absolute amenorrhea. Occasionally, in what is known as infantile uterus, we find scarcely any menstruation.

Dr. Ford.—All I meant to imply was, that the exception to menstruation in anomalous cases is not more frequent in proportion than in normal cases, that it must be taken for granted that there will be a flow from the uterus, and that if there is any impediment to the passage externally, of course it will give rise to severe symptoms when an attempt is made to open it.

Dr. Prewitt.—In cases where there is an imperforate hymen, it would be better to make an opening. Such cases are likely to be put off until the patient commences to menstruate and suffer from the consequences of the suppression of the menstrual flow. It seems to me that where there is an imperforate hymen, it is better to make an opening whenever it is discovered. Of course, if there be an occluded vagina, this would be a difficult thing to accomplish, and, as Dr. Moses suggests, there might be such imperfect development that menstruation would not occur it all. So it would be better to wait until adult life.

Dr. Moses.—The only difficulty is to decide early in life whether it is simply an imperforate hymen.

CEPHALHEMATOMA.

Dr. Moses.—I saw, this afternoon, a negro child about three years old, that has had an interesting medical history. It is perfectly black and the mother is blacker, if possible. I attended the child some two years ago for some cerebral trouble, when it was in a condition almost of coma for several days. It has a peculiarly formed head. The line of the sutures is very prominent. Two years ago it fell from a chair and sustained a fracture of the femur. It was then just beginning to toddle about. As a result of this fracture, it crawled for about a year longer, and during that time the extremities of the bones of the forearm became enormously developed. The mother says that about two or three weeks ago, the child had a bump on the head about the size of a hen's egg. She took the child to a physician in the neighborhood, who considered it an abscess and lanced it. Nothing came but blood. Very soon afterward this swelling began to increase, and the child was taken to Dr. Gregory. He simply advised that the child be let alone. The child afterward came under my care. I took it to be hematocele, which had extended until the whole of the scalp was entirely dissected up. The scalp seems to be perfectly loose, and at several points I can feel the bony skull through this mass.

There has been no pain upon handling the head, no pulsation, no history of a blow.

Dr. Hardaway.—There is a condition which my friends, the surgeons, are very apt to mistake. Sometimes, over a surface as large as the palm of my hand, the hair will fall off, the scalp will very suddenly become swollen, with every appearance of an abscess, and sometimes in pressing the finger into this, you will find a well-marked ridge upon the surface. It is the most deceptive thing in the world. It is simply an exaggerated ring-worm. I mention it because the tendency to put the knife into it is almost too strong among surgeons. There is no pus there at all. If you examine it closely you will find a glutinous substance oozing out of the scalp. It is simply an exaggerated tinea tonsurans.

Dr. Prewitt.—I have seen several cases of that kind, but I have never seen such a one as Dr. Hardaway describes, with a ridge on the border which would simulate a hematoma.

In Dr. Moses' patient there has probably been some rupture by a blow, and the blood has been oozing out ever since.

Dr. Moses.—I think there must have been a blow originally. The scalp is perfectly loose, you can move it all about. Tip the child over, and it will fluctuate perceptibly.

Dr. Ford.—Very considerable hemorrhage may occur in that part from slight injury. I remember a woman who had had a slight falling out with her husband. He caught her by the arms, she fell over on the floor, and his knee struck her heavily. There was a very considerable effusion of blood, I suppose not less than two quarts, within a short time within the abdominal cavity. She fainted and remained with all the symptoms of internal hemorrhage and recovered very slowly. By changing her position I could see the tumor move. No peritonitis.

LABIO-GLOSSO—PHARYNGEAL PARALYSIS.

Dr. Bauduy.—My friend, Dr. Glasgow, has alluded to a case in which the patient, a lady, æt. 60, was unable to talk or protrude the tongue. There was very decided furrowing of the tongue, accompanied by vermicular movements. These conditions of the tongue plainly pointed to an involvment of the hypoglossal nerve. In addition to the lingual paralysis, there also existed a paralysis of the orbicularis oris, which, of course, favored the dripping of saliva, with inability to whistle, blow out a candle, suck or kiss. There was also some involvment of the glosso-pharyngeal. She is liable to attacks of strangulation, the dysphagia is so great that she is compelled to live almost entirely on liquids or take her food very finely minced, and even then she has attacks of choking, making her sustenance a matter of great gravity. Another complication, so far as the pathology and symptomatology are concerned, is a well-marked progressive atrophy. Usually, in such cases, there is no involvment of the anterior spinal cornua, the disease being strictly bulbar. Recent writers, however, claim that a degeneration of the trophic nerve cells of this vicinity, is not a very infrequent complication, resulting in more or less muscular atrophy. Such a condition is well developed on the left side of her body, and involves many of the voluntary muscles, and produces the most characteristic "*main en griffe*" I ever witnessed. The thenar and hypothenar eminences on that side have entirely disappeared with corresponding atrophy of the interossei muscles. Weakness on the left side of the body is thus produced, so that she stumbles and falls very readily. There is also involvment of the sterno-cleidomastoid, and the trapezius muscles, thus pointing to muscular degeneration of the spinal accessory. There is no evidence of aphasia, agraphia, nor amnesia. She writes with perfect facility, having little tablets, by means of which she is accustomed to express her ideas, and converse most intelligently. When she is impatient, or desirous of expressing herself, she makes use of certain inarticulate sounds, which have a meaning to those of her family constantly with her, but which I am totally unable to comprehend. I have never heard her successfully attempt to articulate a single word. The absence of aphasia and agraphia prove conclusively the bulbar origin of the affection. There is bulbar degeneration of the nuclear origin of certain nerve cells of the fourth ventricle. The only relief which she received at any time was from faradization of the tongue, and that was only temporary, while under the care of Dr. Glasgow, who kindly referred the case to me.

Dr. Ford.—I was led to think of a case pointing to the traumatic origin of diabetes. Early in life he had a fall from which he suffered and was obliged to give up his trade. Diabetes developed, and along with the diabetes there has been a considerable salivation, a complication which is of frequent occurrence in these cases.

Dr. Bauduy.—Jaccoud, in his classification of the etiology of diabetes, speaks of one cause as being due to encephalic lesions of bulbar origin, also lesions of the spinal cord, especially in the dorso-lumbar region. Traumatic influences acting directly or indirectly upon the brain are powerful causes according to him of glycosuria, but do not cause a veritable diabetes.

HEMORRHAGE FROM THE GUMS.

Talking of diseases of the mouth, I had a case last week which puzzles me very much. This person was anemic and had some edema of the lower extremities, the result of valvular disease of the heart; but no anasarca existed.

He had a pale, pasty complexion, which is very characteristic of some organic disease of the kidneys, but I have never been able to find any casts or renal epithelium, although the urine contained albumen. This young man was really bleeding to death from a flow of blood which seemed to well up from one of his lower incisor teeth. For this I tried various styptics, but without the desired result, and the patient became weaker and weaker. He had been attended by a physician who used a good deal of mercury, but there was no marked salivation. One morning, finding that he was actually dying of hemorrhage, I sent out for a stick of lunar caustic, and forced the point between these two incisors and held it for a few minutes with the effect of controlling the hemorrhage, and ever since then. whenever the bleeding would commence again. I have had no difficulty whatever in controlling the hemorrhage in the same way. Now, whether the bleeding is due to a general diathetic condition I am unable to say; but he had no symptoms that would point to hemorrhagic diathesis. It struck me as a rather anomalous condition. I would like to know whether any other gentlemen have had a similar experience, and what in their opinion this hemorrhage was due to. There had been no injury, no fall, no blow. He has never had any febrile exacerbation that I could discover.

Dr. Ford.—Any scurvy?

Dr. Bauduy.—None that I could discover. He was a well-nourished man and had not been living on salt meat, in fact, his gums presented no scorbutic appearance.

Dr. Robinson.—I have seen a somewhat similar case to Dr. Bauduy's, having all the symptoms and general appearances of scurvy in a young man having the best of diet. He had a great feeling of lassitude and pain in the back, indisposition for any effort whatever, could scarcely walk two or three squares without a great sense of fatigue. His gums are spongy and his tongue and lips are covered with aphthous patches. Now, I could not make out what could possibly be the cause of such a condition. I put him on muriated tincture of iron, vegetable acids, etc., and he improved somewhat, but he improved so slowly and his case progressed so unsatisfactorily that I advised him to go away, which he has done, and with excellent result. It must be due to some malcondition of the blood, undoubtedly. There was no history of any venereal disease.

Dr. Prewitt.—We have hemorrhagic cases with ecchymotic spots over the body, though in the cases I have seen, there is none of this spongy, purplish condition of the gums that you see in scurvy. I have seen several cases of that kind where there certainly was no scurvy.

Dr. Bauduy.—In purpura hemorrhagica the diathetic conditions are generally unmistakable. You have particular eruptions, in the first place; you have hemorrhages under the skin, you have hemorrhages from the slightest injury. I remember Dr. Boisliniere had a case in which he tried every means, and Dr. Pope actually applied a red-hot iron without effect.

Dr. Ford.—I have seen cases of scurvy where it could not possibly be attributed to salt meat alone—where the parties used fresh meat and corn bread. A few days ago a gentleman told me that some twenty-five years ago, when he moved to California, in crossing the plains, he subsisted for eight days on game and corn bread, and that when he got half away across, he found the fauces and gums were very much affected and began to bleed; his teeth were loosened; he even pulled out one or two with his fingers. He then sent for sugar, coffee and limes to a neighboring Mexican ranche, and subsequently recovered.

Dr. Moses.—Did you see a very interesting statement by Davis, the Arctic explorer, that notwithstanding the fact that his crew were confined to salt meat for a long time, there was not a single case of scurvy among them?

Dr. Ford.—They took plenty of cranberries, coffee, etc.

Dr. Moses.—Everything of that sort had given out.

Dr. Robinson.—Dr. Bauduy's case and Dr. Ford's suggestion, as to the propriety of examining the urine, recall to my mind a very interesting case that I saw about two years ago at a clinic, at the City Hospital, that of a man who had received an injury from a brick falling upon him from a scaffolding, and striking him between the shoulders. He was knocked down and remained insensible for about half an hour, but after recovering from the immediate effect he went about his business, and was active and on duty for about two weeks, at the end of which time he commenced to have some feelness of numbness in the lower limbs. At the same time, their power became less and less, but before complete paralysis took place, his upper extremities began to manifest the same sensations, and finally became paralyzed. Then the whole of his face gradually became paralyzed, until his face was exactly like a mask, without any mobility whatever. When he first came to the hospital he was perfectly helpless, and presented the appearance of a corpse. I suppose there had been an inflammatory action caused by injury to the spinal cord, traveling upward, and the floor of the fourth ventricle was affected probably, and I suggested the propriety of examining the urine. Dr. Dean examined the urine himself, and found sugar, which confirmed my position that the fourth ventricle was affected. The man remained in the hospital for some time. One side of his face began to improve, on the use of electricity, then the other, then the upper extremities, and finally the lower extremities, and when I last saw him he was in a fair way to complete recovery.

But the interesting point, I think, was finding sugar in the urine, in assisting to locate the seat of the lesion.

We did not use electricity until we supposed the inflammatory action had ceased. When I first saw him there was some elevation of temperature which gradually diminished.

Locomotor Ataxia.

Translated from the *Gazette des Hopitaux.* By G. T. McKeough, M. B., M. R. C. S., Eng., etc., Chatham, Ont.

I have had this patient brought into the amphitheater, in order that we may study together the principal phenomena which he presents. Explained in this manner they will be more deeply impressed on your minds. But I ought first to relate to you the history of the case.

He is a man thirty-eight years old, a sculptor, formerly a soldier, and while serving as such he underwent successive fatigues during the siege of Paris. In 1871 he contracted syphilis, which affection produced its ordinary evolution; namely, after the chancre the secondary eruption, etc. His health afterwards was very satisfactory until the year 1876. At this period, without any known cause, appeared some peculiar phenomena relative to his sight; the man could not see well; he could distinguish the top of objects, but could not see parts situated toward the base; he could not see the earth. At the same time he thought he saw objects dancing about, as if he was drunk. These troubles of vision lasted a fortnight and then disappeared. Some months later, in November, 1876, the patient was seized with persistent pains in the calves of his legs, but these pains were not "shooting" in character; they were more the sensation of a violent burning, "as if he had had thrust a red-hot fire-brand into the calves of his legs." These symptoms lasted only a few days, then, once again, all abnormalities disappeared. Nothing abnormal with respect to his head or stomach.

It was in the month of January, 1877, that the patient first perceived that he staggered, and had difficulty in walking straight. His muscular force was not diminished, but, when taking long walks, he felt that he was less master of the movements of co-ordination of his legs.

These phenomena soon became more accentuated; his walking became more distressing, his calves, thighs and limbs were traversed by true fulgurating pains. His gait became more and more difficult during the winter of 1877; his strength diminished sensibly, but the patient had not yet perceived the sensation of "down" under the soles of his feet in walking. Constricting pains around the chest, in the region of the sternum, appeared now, the helplessness of his limbs augmented, standing upright became difficult. Then a remarkable phenomenon manifested itself. The man was in company with some friends, when they remarked to him that his left eyelid had fallen, covering the eye more than on his right side. Some days after he noticed besides, that his left eye squinted, and that he saw double. These phenomena were but transitory, and after a few months scarcely a trace of them remained.

But while the symptoms affecting the eyes disappeared, those affecting the limbs were accelerated, and especially the lower extremities, where the helplessness and the incoordination in walking became so pronounced that the diagnosis of locomotor ataxia was no longer doubtful.

Some special phenomena appear yet to complete the clinical picture of this affection; troubles of micturition, difficulty in urinating, paralysis of the bladder, necessitating the use of the catheter. Sharp pains in the stomach declare themselves, and persist a long time.

After having given the pathological history of this man, let us now examine his present state. I will interrogate him before you, and you will see his manner of keeping himself upon his feet; he says that he staggers, that he feels "as if he was on springs, on something that was pushing him upwards." Standing in the erect posture is difficult. In order to progress forward, you see he is obliged to support himself, that he projects his legs to the right and to the left, and that he "heels it," as they say. When he walks it appears to him that he is walking on thick carpet. Some patients believe even that they walk on sponges. If we make him close his eyes he can no longer stand upright; he falls immediately he is deprived of the aid of sight. Sensibility is, however, not abolished, but he has himself remarked to us that there is a retardation in his tactile sensibilities, and that when he knocks his foot it is sometime before he perceives it. You can also ascertain, that, notwithstanding the apparent feebleness of his muscles, it is absolutely impossible either to flex or extend his leg. He supports, likewise, a heavy burden; the weight of a man mounted on his shoulders does not make him flinch. His weakness is then only apparent; there is something which hinders him from making use of the muscular force still intact. As to his upper extremities, there are no marked disorders. He perceives, however, that he does not draw well, and that his writing is a little shaky; there exists a slight trembling of the hands.

But there is another phenomenon rather singular, which ought for a moment to arrest our attention; that is, a considerable diminution in the size of his left forearm, the circumference being about a centimetre (about one-third of an inch), less than the right forearm. You observe, also, that the left hand is thinner than the right, that the thumb approaches nearer the index finger, and that he can not extend it beyond a very feeble acute angle, whilst that of the right hand can make, with the index finger, a right angle. This is owing to the disappearance of the muscles of the ball of the thumb ("thenar" eminence). There is muscular atrophy on that side; it is that which hinders the movements of the thumb, diminishing its amplitude, and interfering with its movements in opposition to the other fingers (monkey's hand). Notice, however, the exaggerated contraction of the pupils and the remains of divergent strabismus.

Sensibility is preserved in his limbs and in his hands. The state of his general health is very good. As regards his genital functions, "he believes he could still perform them."

All these facts being disclosed, it remains for us to give a name to this collection of divers phenomena. A diagnosis is here required: it is progressive locomotor ataxia, characterized, as you know, by sclerosis of the posterior columns of the spinal cord. We have all the precursory details, and all the most characteristic symptoms. Remark how insidious is the onset, and how it deviates at first from the signs of an affection of the cord. The primitive symptoms, disturbance of vision, of hearing, etc., are only transitory, but they barely disappear, when there appear more evident signs, defects of the equilibrium, transitory fulgurating pains, the peculiar projection of the feet, of the heel, retardation in the perception of sensations. There is, however, no marked disturbance of sensibility. It must not be believed that all ataxics present anæsthesia, and it is wrong to attribute the incoordination of the movements in walking to disturbance of sensibility.

The visceral phenomena have been very marked in our patient; the stomach, the bladder (cystitis of the neck and muscular paralysis) have presented special characters, in accord with the fulgurating pains in the limbs. But it is the muscular atrophy of the left upper extremity which is the most remarkable feature in this case. It is not true progressive muscular atrophy. That which we observe is confined to a group of muscles, especially to the ball of the thumb—muscles of the thenar eminence. It does not spread; it is confined simply to a small sclerosed center of the posterior cells of the cord, toward some of the motor cells of the anterior cornu. Although this phenomenon is rare, it is not unknown in locomotor ataxia.

What shall I say of the prognosis? It is sad to admit, but it is very grave, the disease always progresses from bad to worse. If some of the collateral phenomena at the beginning have been transitory, see how progressive are the constituent features of the disease. The gait becomes more and more difficult; next the impossibility of drawing, writing, etc. But the duration of the disease is long, and its progress slow. You have seen in our service an ataxic man, lying in No. 12 bed, St. Charles Ward, during the past eighteen months, who is absolutely unable to move any more, who has become completely powerless, speaking with difficulty—reduced, in a word, to the state of a piece of furniture, inert and blind, although his intelligence is relatively preserved, and he has still some memory.

As regards therapeutics, alas! we have no means whatever of curing or arresting this affection. We can only alleviate the symptoms. The external remedies, which are the most efficacious, are the cutaneous revulsives along the tract of the vertebral column; such as dry cupping, blistering, the actual cautery, and sulphur baths every other day. Internally, benefit is obtained from the use of iodide of potassium, which acts by absorbing the connective tissues in a state of proliferation. It is the best remedial agent we have; it does not cure but it relieves, and retards the progress of the disease. Nitrate of silver, in doses of one-fifth of a grain per day, has an action somewhat similar to that of iodide of potassium. It is best to employ them alternately, each for a fortnight or three weeks. We owe to them a sort of half success. The painful symptoms occupy a large place in the treatment of this affection. We relieve them by hypodermic injections, by chloral and applications of chloroform. We should endeavor, finally, to combat, as much as possible, the long and cruel sleeplessness which affects patients suffering from this disease so much, and who, as I have told you, having preserved their intelligence, are all the more impressed by their sad situation.—*Canada Lancet.*

Brooklyn Pathological Society.

MALIGNANT LYMPHOMA.

Dr. Westbrook presented microscopic specimens from a case which had occurred in the practice of Dr. D. A. Dodge.

History: Dr. Dodge first saw him professionally on the 1st of February, 1877, when "he had marked tertian symptoms: enlarged liver, complete anorexia, a feeling of constriction about the upper part of abdomen, impeding respiration, and extreme mental depression. These symptoms soon followed by a slight icterus, afterward changing to a bronze hue; clay-colored stools. Improved slowly, and slightly, until May, when he sailed for the south of France, where he gained slightly until August, when he was, without warning, seized with an alarming hæmatemesis, which almost exsanguinated him. From that time he never recovered his color, but was of a waxy hue. Subsequently he had two or three attacks of hemorrhage, and returned home in June of this year (1879), being two years and four months from the beginning of his sickness. He then had several enlarged glands in the inguinal region, and, as he progressed to his end, fresh glands showed themselves in every part of the body. The post-cervical glands and epitrochlear glands showed notably. The spleen gradually showed itself more and more. The bowels continued astonishingly regular, and only once or twice, for a day or two, did the color of the faces deviate from the natural. Swallowing finally became impossible, and he died of anorexia. There was a hystory of syphilis twenty years before, but Dr. Van Buren, who saw the case with me, was positive that it had nothing to do with the disease of which he died. I may add that he was an importer of French wines, a free liver, but far from intemperate. His father died of cancer of the stomach."

The autopsy was made by Drs. Harvey and George R. Westbrook. The *lymphatic glands* were everywhere enormously enlarged, forming tumors in the inguinal and axillary regions. In the *thorax*, they compressed the trachea and esophagus. The *liver* was not markedly enlarged, but contained innumerable white spots and stria following the course of the vessels. The *spleen* weighed 90 oz., was dark red, and filled with white masses, being in size from a pin's head to a pigeon's egg. Microscopically, the appearance was that of lymphadenoma. The blood was not examined.

EXTREME DEGREE OF FATTY DEGENERATION.

Dr. Westbrook presented a piece of a liver which had undergone extreme fatty degeneration, together with a microscopic preparation illustrating the histology of the same. The patient, an Irish woman about 50 years old, was admitted to his ward in St. Peter's Hospital, complaining of debility and cough. She was quite obese, and the fat was soft and flabby. Her countenance had the red color of habitual drunkenness. The alimentary canal was not notably deranged. Physical exploration showed a diminished elasticity of the lungs. The heart-sounds were feeble, the pulse exceedingly weak, regular and varying at about 100 per minute. She had a small amount of whisky, and a tonic mixture. On the second day after admission she became delirious, having delusions and hallucinations. Twenty grains of chloral with as much bromide of potassium were given at night, the whisky increased, and a dose of tr. nux vomica with Huxham's tincture, administered every three hours. She slept better the following night and had less delirium. On the third day the nux vomica, etc., were administered during the day, but at 11 o'clock in the evening she died very quietly. No chloral was administered that day.

Post-mortem: The *heart* was found to be exceedingly flabby, light-colored and friable. The *lungs* somewhat emphysematous. The *liver* of a light yellow color, and of such slight sp. gr. that pieces of it floated on water. The *kidneys* were similarly degenerated. The heart was not opened. Microscopically the hepatic cells were so distended with fat that the section resembled adipose tissue.

ENTERIC FEVER.

Dr. Westbrook presented portions of the intestine showing the typhoid ulcerations from a patient who had died in St. Peter's Hospital. The point of interest about the case was the profuse sweating which had occurred almost daily throughout the period of her sickness—about four weeks—and which had led to the suspicion that some pulmonary or other complication existed which he was unable to diagnosticate. The autopsy, however, revealed nothing more than usual.

The liver and kidneys showed acute albuminoid changes, and the spleen was enlarged to twice the normal size.

LIPOMA.

Dr. F. S. Stuart exhibited a tumor removed by Dr. A. J. C. Skene on November 30, 1879, from Mrs. L. It had been first noticed about two years ago. "It was found to be imbedded in the under surface of the external oblique muscle on the left side, close to the crest of the ilium. Before the operation it could not be distinctly outlined, as it was close to the ilium, and readily pressed into the fossa. The operation was performed under a spray of carbolic acid, and the wound dressed after the manner of Mr. Lister. The primary incision was parallel with the crest of the ilium, but, when it was found to be below the external oblique, the fibers of the latter muscle were separated as much as possible, rather than cut, and so the tumor removed. Its longer axis was parallel with the crest of the ilium. Union took place without any suppuration, and the patient was dismissed at the end of a week.

"The tumor was removed because it was growing, and would, in time, have been more difficult to manage." It was made up almost entirely of yellow fat, with very little connective tissue.

GREAT HYPERTROPHY OF HEART—MITRAL STENOSIS WITHOUT ACCOMPANYING MURMUR.

Dr. William Wallace presented this specimen. The following history is contributed by Dr. E. J. Wilson, House Physician to the Long Island College Hospital:

The patient, a Norwegian sailor, 21 years old, gave a history of rheumatism which occurred about two years ago. At that time he fell from the ship into the water, and was subsequently confined to bed. He says he experienced much pain when he breathed hard, walked or coughed; the pain referred to the præcordial region. Since that time he has experienced much inconvenience from shortness of breath, particularly when climbing aloft, ascending stairs or engaging in any brisk exercise.

PHYSICAL EXAMINATION — INSPECTION:— Body not well nourished; an anæmic; prolabia pale; chest smooth and full; pulsation of carotid and subclavian arteries plainly visible. Impulse of apex seen in sixth interspace one inch to the left of nipple. *Palpation* negative. *Percussion:*—Area of cardiac dullness greatly increased, extending 1½ inch to right of sternum in third interspace inferiorly to sixth interspace, and in the left third interspace three inches from the border of the sternum. *Auscultation:*—A murmur occuring with first sound of heart, heard with maximum intensity in third right intercostal space to the sternum, and transmitted upward into the carotids. Also feebly heard in the interscapular region close to the spine on the *right* side. The murmur was soft and obscured the first sound. Another murmur heard in diastole with greatest intensity at the ensiform appendix. The urine was *acid;* sp. gr. 1025. Heat throws down a small amount of albumen; casts of a fatty and granular character. On the 14th of October sub-crepitant ralés were heard at the base of both lungs. November 21st, suffering greatly with pain referred to ensiform appendix and also a very severe headache. Heart's action so tumultuous that auscultation was unsatisfactory. Temperature, 103° F.; pulse, 130; resp., 33. November 23d, *crepitant* rales heard in right lung at base over the posterior and lateral aspects. Temperature, 102° F.; pulse, 124: resp., 36. Since January 1st, dyspnœa amounting to orthopœa has been almost constant.

Autopsy. The *heart* weighed 34 oz.; thickness of wall of left ventricle, ⅞ in. The left auriculo-ventricular opening was only large enough to admit one finger. The mitral valve was not present as a movable curtain. The aortic semilunar valves were covered with vegetations, some of which were calcified. The vegetations extended about an inch on the anterior wall of the ventricle. The valves of the right heart normal.

Dr. Wallace saw the patient first only two or three days before death. There was then the double murmur described above. He could hear no murmur at the apex. In reply to Dr. Pilcher, he said that he had not before seen the papillomatous growth extend into the cavity of the ventricle.

Dr. Segur had never seen the extension of the vegetations into the cavity of the ventricle.

ULCER OF STOMACH, WITH PERFORATION.

By Dr. Pilcher: "A. B., male, aged 56 years, suffering for some years from mitral stenosis; his sufferings from cardiac disease had become so extreme as to cause expectation of speedy death; had complained somewhat of dyspeptic symptoms accompanied with obstinate constipation; but these symptoms received but little notice. While in this condition was seized with profuse hæmatemesis, which was arrested, but left him so prostrated that he sank into collapse and died in about thirty-six hours thereafter." The *post-mortem* was made within twenty-four hours after death. In the posterior wall of the stomach was a large opening, of the size of a twenty-five cent piece. Its edges were sharply cut. Behind the ulcer the anterior wall of the pancreas presented, the edges of the opening being very slightly adherent to that viscus—the adhesion strong enough, however, to prevent the effusion of the contents of the stomach.

PERFORATION OF APPENDIX VERMIFORMIS.

By Dr. Pilcher: "R. M., æt. 54 years; in robust health. After an attack of diarrhea, lasting four days, attacked with pain, not very intense, in bowels, for which a mild opiate was given; after the lapse of three hours pain became agonizing; its maximum intensity being referred to the right iliac region, whence it radiated over whole abdomen. Pain continued uncontrollable; tympanitis became marked, and death ensued sixty-six hours after first symptom of pain.

Upon autopsy the whole peritoneal surface was found injected; buttery lymph covered the serous surface of the intestines, gluing them together; no serous or sero-purulent effusion present. A perforation by ulceration in the *appendix vermiformis*, just within its orifice, as shown in the specimen presented, was found. No foreign body was discovered either impacted in the appendix or loose in the peritoneal cavity. The *gall* bladder was much dilated, and contained over 200 calculi." The autopsy was made thirty-seven hours after death.

Dr. Read was reminded of a case in which he made an autopsy when an interne in the Long Island College Hospital, some years ago. There were seven perforations of the small intestine. The man was brought in by the police, without any history, except that he had been found in a condition of intoxication; but it was subsequently ascertained that up to that time he had been apparently healthy. He died in two days after admission to the hospital. No inflammatory action could be made out. In reply to Dr. Jewett, he said they could scarcely have occurred *post mortem*, as the autopsy was made within twenty-four hours after death.

Dr. John Merritt: Some time last spring a portion of the small intestine with a perforation was presented for me, and, as I was unable to come myself, no history accompanied it. It was from a man who had quarreled and been kicked in the abdomen. The autopsy was made within a few hours after death. It was not a laceration, but an ulceration.

HEMORRHAGIC INFARCTIONS OF THE LUNGS.

Dr. Segur presented portions of a lung showing hemorrhagic infarctions. It was removed from the body of a man who was admitted to St. Peter's Hospital in a dying condition. There was general anasarca.

Post-mortem.—The serous cavities all contained large amounts of fluid. There was valvular disease of the *heart* and chronic contraction of the *kidneys*. The *lungs* were congested and slightly edematous, and contained numerous dark masses of coagulated blood, some of large size. In the kidneys were several cicatrices supposed to be the remains of former infarctions.

HEMORRHAGIC INFLAMMATION OF THE GENITO-URINARY PASSAGES.

Dr. Westbrook: The specimens were removed from the body of a man about 70 years old, who died in the Long Island College Hospital. There was a history of painful micturition extending over a few months prior to his admission to the hospital. When admitted, in the service of Dr. L. D. Mason, he was suffering from retention of urine. Dr. Beasley, the House Surgeon, passed a catheter and drew off about 50 oz. of urine. The latter portion of it was stained a deep red with blood. During the few days of his life in the hospital the catheter was repeatedly used, large quantities of urine, always bloody, being withdrawn. He soon died with exhaustion.

At the autopsy the body was extremely emaciated, but showed no evidence of disease except in the urinary organs and a little nodular thickening of both pulmonary pleuræ at the apices. The kidneys were contracted and hard. The mucous membrane of their pelves and infundibulæ was thickened and dark red with dilated arborescent vascularity. The ureters were similarly affected. The bladder projected as high as the middle of the symphysis pubis and was about the size of a base-ball. Its color externally was dark blue or purple, as if it contained clotted blood. It contained a little bloody urine. The mucous membrane was extremely thick and corrugated (partly due to contraction), dark red and spongy, and bearing everywhere upon its surface a yellowish deposit which was apparently a layer of mucus and phosphatic matter. The urethra was in the same condition and had the same layer of deposit upon it, looking something like a false membrane. In the membranous portion, appar ently where the catheter had caught in this layer of deposit, the latter was torn up, simulating a laceration of the mucosa itself. In the inferior portion of the *prostate* a fibrous tumor as large as a filbert was found. This had undoubtedly narrowed the urethra.

PUERPERAL PHLEBITIS.

Dr. Stephenson, of St. Peter's Hospital, presented the pelvic organs from a woman dead of puerperal fever. The doctor went, at the request of the sisters of the hospital, to visit the patient, whom he found upon the floor of a garret in the most wretched condition. Two weeks before she had been confined at the seventh month, but, owing to insufficiency of care and nourishment, had remained ill. On his first visit he found her in a burning fever, the temperature 104° F., with diarrhea, pains in the abdomen, a weak and rapid pulse, and great prostration.

She was removed to the hospital and treated with stimulants, opium and sponging of the body with luke-warm water and vinegar. The abdomen was distended, the thighs somewhat flexed, but owing to the low delirium it could not be determined whether she had any pain or not. On the day following her admission the fever increased; the tongue became dry and brown; the delirium was more marked; distention of the abdomen greater; flexion of the thighs increased.

The temperature rose to 106° F., the pulse was very rapid and feeble and the respiration irregular and gasping. The attending physician, Dr. B. F. Westbrook, diagnosed peritonitis, but was unable to determine the cause of it, inasmuch as the vaginal discharge was slight and inoffensive, and neither on vaginal examination or external manipulation could anything but tympanitis be discovered. In the hopes of relieving the thoracic organs Dr. W. inserted a medium-sized operating needle into the intestine on the left side. Considerable gas escaped and the distention was lessened. Cold water was applied to the abdomen, and Quin. Sulph. ℈ij. administered per orem. Stimulants were freely used. She died within a few hours.

Autopsy.—Head not examined. The *thoracic viscera* presented no notable lesions. The intestines were inflated and the peritoneum dry and injected. No trace of the perforation of the needle could be found in the intestine, though the puncture in the abdominal wall was easily identified. No gas had escaped from the intestine into the peritoneal cavity. The abdominal organs were normal except the *kidneys*, which presented the appearance of acute nephritis. On the left side of the brim of the pelvis there was a tumor about two inches in diameter, which lay upon the psoas muscle. It proved to be the left ovary with its venous plexus and the corresponding portion of the broad ligament and fallopian tube. The peritoneum and connective tissue were thickened and the veins of the ovarian plexus were inflamed and contained pus. The lower three to four inches of the ovarian vein was also thickened and contained pus. The upper portion of the vein was collapsed.

The uterus presented the appearance common at that time. At the fundus, however, and more upon the left side, a portion of the wall had the dark discoloration of inflamed tissue. No pus was found in the uterine veins. No pyæmic abscesses.

Valvular Lesions of the Heart.

Dr. Austin Flint concludes a clinical lecture on this subject, summarizing the practical points as follows:

1. Cardiac murmurs may represent lesions which, if unaccompanied by symptoms referable thereto, enlargement of the heart not coexisting, and the heart-sounds normal, are to be considered as innocuous. The prediction of grave consequences, under these circumstances, is unwarrantable, inasmuch as they may never occur. Such lesions do not claim medical treatment, nor any extraordinary precautions; and it is desirable that the fact of their existence be withheld from patients, if this can be done with propriety.

2. Patients with valvular lesions are liable to suffer from functional disorders of the heart, arising from causes which have no pathological connection with the lesions. It is highly important to recognize, clinically, this accidental coincidence, in order to exercise a correct judgment as to the prognosis and treatment.

3. Various morbid conditions, other than functional disorder of the heart, may be accidentally associated with valvular lesions, and more or less cardiac enlargement. These associated morbid conditions may be, in a great

measure, responsible for symptoms and effects which seem to denote an advanced stage of the cardiac disease, whereas the latter may occasion but little inconvenience, provided these accessory, co-operating conditions can be removed.

4. Valvular lesions involving either obstruction or regurgitation, or both combined, and having led to considerable or even great enlargement of the heart, under favorable circumstances as regards associated morbid conditions, are often well tolerated indefinitely. There is less reason for a hopeful prognosis, in respect of tolerance, when there is considerable aortic insufficiency, than in cases of aortic obstructive lesions, and those which occasion obstruction or regurgitation at the mitral orifice. The danger of sudden death from aortic regurgitation is lessened by co-existing mitral insufficiency.

5. In cases of orthopnœa and general dropsy dependent on mitral obstructive or regurgitant lesions and enlargement of the heart, digitalis and active hydragogue purgation repeated from time to time, not only afford notable relief, but there is reason to believe that life is sometimes thereby much prolonged.—*Medical News and Abstract. Jan.*, 1880.

Syphilis and Mental Alienation.

In the October number of the *Journal of Mental Science*, our talented fellow-countryman, W. Julius Mickle, M. D., M. R. C. P., an honor graduate of Toronto University, and now medical superintendent of Grove Hall Asylum, Bow, London, has furnished a very instructive detail of cases of insanity, clearly traceable to syphilic constitutional empoisonment. These cases all presented the peculiar mental phenomena so generally recognized as the distinguishing and special psychical symptoms of that intractable malady first described by French alienists under the designation of *paralysie generale*, but which is now, in Germany and America, usually called paresis.

The most valuable fact connected with Dr. Mickle's cases of mental alienation associated with syphilitic empoisonment, is that this form of paresis is not, as are its others, insusceptible of curative treatment; for Dr. Mickle's notes very convincingly prove that, under the specific line of treatment which is found successful in secondary or tertiary syphilis, the mental aberration recedes *pari passu*, with the physical disease. This is a most important fact, for though we are not aware that in this Province paresis has yet been often met with in association with syphilitic sequelæ, it is more than probable that its increasing incidence in our large American cities, and to some extent even in our own small ones, might, on closer scrutiny, be found traceable to this cause; and should this discovery be made, our asylum physicians will not fail to derive some ray of comfort from the knowledge that their therapeutic resources are not doomed to eternal failure, as they certainly heretofore have been; and they will regard with warm gratitude the promulgator of so important a fact in the domain of psychiatry. On Dr. Mickle's professional acumen, and unswerving veracity, we are well aware implicit reliance may be placed. We regret that our space will not permit us to transcribe in full the illustrative cases presented by him. As regards the mental manifestations, let it suffice to say that they all perfectly harmonized with those usually met with in the spontaneous form of paresis, which have been so exactly depicted by all the late writers on insanity.

Dr. Mickle, having under his care about four hundred invalided soldiers, has certainly an ample field for observation; and those who have had the pleasure of reading his valuable contributions to the literature of alienism during the last few years, will admit that he has been a most industrious and efficient worker. We may summarize his present observations by simply stating the medicinal treatment successfully pursued by him in these typical cases:

1st. An artillery soldier, age 29, of ten eight-twelfth years' service. He said "he was the Everlasting Son of the Most High," etc., etc. The fact of syphilitic complication having been discovered, the treatment adopted was as follows: ℞. Potassi iodidi grs. viii; Hydrarg. perchloridi gr. one-tenth; Ammon. carb. grs. iv. ter. in die. This course was continued from his admission, 14th January, till 13th February, 1879, without any distrust of mercurialism. He gradually lost all his delusions, and was discharged recovered on 17th May. Dr. M. remarks: "That this was a case of syphilitic insanity was quite clear. *Intense syphilitic cranial pain*, ending in insomnia, stupor and delirium, and this in mania gradually undergoing transformation into a form of monomania, and steady recovery under specific treatment. These were the chief phenomena."

We would call particular attention to the words above, placed by us in italics, as of most valuable diagnostic significance, for it has been our observance that ordinary, spontaneous paresis is seldom, if ever, characterized by *cranial,* or indeed by any other, pain. Its subjects are almost always gay, restless and painless; and they invariably assert that their health never was better, or, to use their own stereotyped phrase, they are "first rate." Dr. M.'s two other cases were, with trivial deviations, treated similarly to the preceding, and with like pleasing result. Cranial pains, which we have above noted as valuable diagnostic symptoms, were present, with other syphilitic indications.—*Editorial in Canada Lancet.*

Color-Blindness and Other Defects of Vision in Rail-Road Employes.

There has been much sensational talk of late regarding color-blindness among the employes of our railroad and marine services, and, if we were to believe the current rumor, accidents have been daily happening on account of the inability of engine drivers and signal-men to distinguish between the colors indicating safety and those warning against danger. The subject has even been taken up by the enterprising novelist, and tales of harrowing interest have turned upon the errors of purblind pointsmen.

Exactly how much truth lies at the bottom of this belief in the general prevalence of color-blindness has heretofore been difficult for any but experts to determine; and indeed the data necessary to form an intelligent opinion have been wanting. As a contribution to our knowledge of the subject, the recent report of the Massachusetts State Board of Railroad Commissioners possesses much interest; the more so because the Board has had the benefit of the advice and experience of Dr. B. Joy Jeffries, who is so well known as a specialist in this direction.

The colored worsteds recommended by Prof. Holmgren were used in the investigation, and also colored flags and lanterns. A large number of railroad employes were personally examined by the Board, which also corresponded with foreign authorities as well as American railroad men, and we shall endeavor to give a brief resume of the facts which the Board has ascertained, and the conclusions to which their investigations have led them.

Color-blindness, as is known, may be either total or partial, and partial color-blindness may be subdivided into complete color-blindness, including red, green, and violet blindness; incomplete color-blindness, where the sense as to one or more colors is feeble. The varieties of practical importance in railroad management are total color blindness and red and green color-blindness; the last two colors being very generally employed as signals.

It need hardly be said that such a defect is a source of danger while railroad trains are run by colored signals. It is true, however, as the Massachusetts Commissioners confess, that no railroad accident has ever been traced to this cause. But the possibility of such an accident is beyond question, and, indeed, one employe among those examined had, it was found, led several engine-drivers into errors for which they had been reprimanded. No doubt existed that he did this by displaying the wrong signals. The mere fact that an individual placed in front of a number of colored worsteds may make mistakes in the endeavor to match red with red or green with green does not prove that he is incapable of distinguishing railway signals. It is also to be noted that color-blindness is often connected with good vision in other respects, and particularly with a quicker perception of faintly-illuminated objects; so that, contrary to common belief, our railway signals are safer, so far as liability to mistake by the color-blind is concerned, by night than by day. It is said that some color-blind engine-drivers, who distinguish colors successfully, do so by guessing at the colors by the varying intensity of the light. But for practical purposes, the sensation of color being subjective, it makes little difference how he distinguishes colors, so long as he does so rapidly and unerringly.

It has been ascertained by the investigations of Dr. Keyser, of this city, that about three and one-half per cent. of all the employes on the roads terminating in Philadelphia (excluding those on the Pennsylvania road, not examined) have defects of such a character as to make them really incapable and unsafe to occupy the positions they hold. A similar percentage has been ascertained by other observers to exist generally. It appears to be the opinion of the Massachusetts Board of Railroad Commissioners that examinations as to color-blindness may be made as well by laymen as by experts; but this view is not a safe one, and in any investigation with pretensions to thoroughness an expert should certainly be included among the examiners.

A matter of equal importance to the occurrence of color-blindness among railway employes is that of defective vision; and it appears that heretofore our railway companies have not been sufficiently careful in the examination of those in their employ holding responsible positions requiring clearness of vision. It is not usually the defect of near-sightedness which impairs the usefulness of railroad employes, but rather the gradual impairment of vision from old age or other causes. The members of the Board, while they can not speak of any railroad accident as resulting from color-blindness, do know cases where defective vision has led to such accidents.

The final conclusions of the Board are: 1. That the existence of color-blindness, total and partial, is a well-established fact, and that there are men who, by reason of such defect, are unfit for positions on railroads requiring ability to distinguish color-signals. 2. That the extent of dangerous color-blindness, *i. e.*, such color-blindness as unfits persons for railroad employment, has been greatly exaggerated, and that a very small percentage of persons are, for this reason, unfit for such employment. 3. That examination may be properly made by persons not medical experts; and that such examinations will certainly be sufficient if doubtful cases are referred to such experts. 4. The Board recommends that every railroad company shall have an annual examination of every employe whose duties require or may require capacity to distinguish form or color-signals, and that no one shall be so employed who has not been thus examined. The examination should refer to color-blindness and to other defects in vision. It should include all who are in any way concerned in the movement of trains. 5. The Board does not recommend any legislation on the subject. The interest of each corporation is strong enough to insure careful examination.

Philadelphia County Medical Society.

AN adjourned conversational meeting of the Society was held at the hall of the College of Physicians, Philadelphia, December 17, 1879, Professor Henry H. Smith, President of the Society, in the chair.

SKIN-GRAFTING.

Dr. Laurence Turnbull made some practical remarks on skin-grafting, and exhibited photographs from a remarkable case occurring in the practice of Dr. Hayes, of Tralee, Ireland. The patient was exhibited before the meeting of the British Medical Association.

Dr. Charles B. Nancrede, from considerable experience of skin-grafting, had come to the conclusion that when they are successful the new epidermis is more apt to break down and ulcerate than surfaces cicatrized in the ordinary manner. In cases of leg-ulcer he had repeatedly seen the new surface break down and disappear very rapidly after grafting.

Dr. Richard J. Levis said that the subject of skin-grafting has now become very familiar. He had adopted the expedient very many times, and had no doubt that it often is of great service in the healing of large ulcerated surfaces. He called attention to the fact that there were some peculiar conditions of the granulating surface requisite to insure the development of the grafts; in some apparently healthy surfaces the grafts will not grow; in rupial ulcers and other unhealthy sores the grafts will sometimes succeed, and yet will fail in simple ulcerations. For this he was unable to offer any adequate explanation. He referred to a case in which the scalp of a young woman had been torn off by machinery, treated subsequently at the Pennsylvania Hospital, and a perfectly clean granulating surface followed, upon which great numbers of grafts were placed, but none would germinate.

When the grafts succeed, it is remarkable how much they stimulate the surface of an old ulcer. In an ulcer with overlapping edges, such as are often seen in old leg-ulcers at Blockley, it was formerly the custom to cut these edges away, but he had repeatedly seen, after the application of skin-grafts, so much stimulation as to make surface level with surrounding skin and the edges disappear.

It is a curious fact that, no matter what the shape of a chronic ulcer is originally, it becomes nearly oval before it heals; however irregular it may have been, it rarely heals before assuming this form.

In the cicatrizing of large surfaces, skin-grafts are applied to good purpose. In the case of a man received into the Pennsylvania Hospital, whose back was burned by sleeping near a lime-kiln, and was intoxicated by its fumes, the entire back was made to quickly commence healing by skin-grafting. A large number of grafts were inserted, and were spreading nicely, when the man took a chill and hot fever, and every one disappeared by rapidly-destructive ulceration. The surface was grafted again with complete success.

As to the manner of taking the grafts, his plan was to introduce a fine needle through the outer layer of the skin, and snip off the elevated minute piece with iris scissors, removing only a small point of cuticle and some of the superficial dermoid layer. He had noticed no difference whatever in the rapidity of the growth in the large and small grafts.

In the process of grafting, the small pieces of integument are simply laid, with the cuticle side uppermost, upon the granulations, the surface being rather dry. After leaving the ulcer uncovered for several hours, he covers it with a piece of waxed paper, to protect it from the bandage. The first phenomenon noticed is the disappearance of the graft. The little piece of cuticle becomes detached and is lost in the discharges from the surface of the ulcer, whilst the true dermoid material remains. Following this, in about two days, a little lilac-tinted spot is seen, considerably below the level of the granulations; then this spot increases, and its subsequent growth is very evident. He regarded the plan of leaving the ulcer uncovered for some hours after the operation to be much better than immediately applying any kind of dressing.

In reply to a question, he stated that it did not seem to make any difference whether the grafts were taken from the same individual or another. In truth, he had frequently transplanted grafts taken from the integument of amputated legs and arms with success.

He had never seen any bad results from this practice, but would not recommend its general adoption for fear of specific infection.

Dr. L. Turnbull, in replying to the objections raised, said that out of twenty-four cases in which he had taken notes, in only two cases had the surface afterwards broken down. As regards the character of the sore to which grafts may be applied, Dr. Levis has used them in rupial ulcers, and Bryant has reported several cases. In the speaker's opinion, nearly all healthy granulating surfaces are suitable. He preferred covering the graft to Dr. Levis' plan, and agreed with Dr. Hayes, who, after applying adhesive plaster and bandage, left it undisturbed for four days, as before this time it is impossible to tell whether the graft will take or not.

As to the source of the graft, it is only necessary that the skin should be healthy. A case is reported in London, where the skin of a white person was grafted upon a colored man, with successful piebald effect.

THE AUDIPHONE.

Dr. C. H. Thomas, by previous announcement, gave a descriptive lecture upon the audiphone, explaining the mechanical principles involved in its operation and method of application, and suggested some important and practical modifications of the construction and new applications of the principle involved. The lecturer presented several patients to illustrate his remarks.

Dr. J. Solis Cohen inquired whether the vibrations of this new route of hearing might not, by constantly jarring the bones of the head, produce some injury to the delicate structures of the brain. The mode of hearing suggested by vibrations of the cranial bones is not the natural method, and may lead to peculiar results, similar to those of railroad injury to the nervous system.

Dr. Charles Turnbull said, in reply, that the man who had used this instrument for the longest time was Mr. Rhodes himself, who employed it constantly for three years. In the speaker's opinion, no evidence of injury to the brain existed in this case; on the contrary, he considered him very shrewd in the management of his business. He also called the attention of the Society to the fact that the line is very clearly drawn between the two classes of cases. When the auditory nerve is intact, deafness must necessarily be due to disease of the middle ear or obstruction of the auditory canal. These cases can hear with the audiphone; but in disease of the auditory nerve this will be of no service.

Dr. S. D. Risley said that in middle-ear deafness patients can hear better through the teeth than in health, or when the canal is unobstructed. He considered this a practical question in the use of the audiphone: If the auditory canal be closed, can the patient hear through the audiphone more distinctly?

Dr. Thomas, in conclusion, promised to further investigate the capabilities of the instrument. He had given considerable thought to the subject, and had concluded that the vibrations produced in hearing in this manner are of the same kind as those produced in our own cranial bones in the act of speaking, though far less intense, and therefore incapable of doing harm.

MICROSCOPY.

THE ACME.—This is the name given a microscope recently constructed by Messrs. Sidle & Poalk, of Philadelphia. It is designed for students and physicians, and is capable of doing any physiological and pathological work. It reclines at any angle; has a thin stage; fine and coarse adjustment; and a number of desirable features which we have not space to mention. The price of the stand with one eye piece in box is $40. The objectives, we believe, are extra—the price of a $\frac{2}{3}$rds., of 36° angle, being $12, easily resolving No. 5 of Moller's platte in balsam; price of a $\frac{1}{5}$, $15, resolving the *angulatum* of Moller's balsam platte by central light.

—IN preparing diatoms *in situ.*, Mr. Paul Petit proceeds as follows: In order to destroy the cellulose, the diatoms are placed in strong nitric acid for twelve hours; they are then washed, dried, and slowly burned on the cover-glass. To mount them, oil of lavender is dropped upon the cover-glass, which is then inverted upon a drop of balsam on the slide, and the slide is warmed in the usual manner. Oil of lavender is the only medium which Mr. Petit has found that will thoroughly displace the air in such valves as those of *Melosira numularia* and certain others. It is a good plan to mount some frustules cleaned in the ordinary way, along with those *in situ.*

—The expert evidence which has been offered during the course of the trial of Mr. Hayden, at New Haven, for murder, possesses some features of interest to microscopists. After the mass of evidence which has been given by the scientific gentlemen on both sides, it will be strange if any jury of ordinary intelligence can decide what is right or wrong. Really, there is much confusion where there should be none at all. Whether the microscopist is or is not able to positively identify human blood, or any other kind of blood, is not a matter of opinion, but of fact and experience; and there should be no dilly-dally about it. In our next issue we will review the evidence, and show how easily a man can make assertions under oath, which, after more thorough study, he would discover to be unfounded.—*Microscopic Journal.*

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FORMULA FOR DETERMINING THE MAGNIFYING POWER OF A MICROSCOPE.—1. Divide ten inches by the nominal focal length of the objective. This will give the magnifying power of the glass.

2. Divide ten inches by the linear distance between the centers of the field-glass and the eye-glass of the eye-piece.

3. Multiply these quotients together and you will get a close approximation to the working power of the combination, when used with the standard length (ten inches) of tube.

To put the above in mathematical form: Let F O equal the nominal power of the object glass; let F I equal the distance between the lenses of the eye-piece; then 100 divided by F O multiplied by F I, equals the magnifying power of the instrument. For an instrument with a longer tube, substitute the length of the tube for the first ten inches in the formula.

After the announcement that Dr. Main, of Jackson, Michigan, would, at the next meeting of the Club, read a paper on his specialty, "Section Cutting," the formal session ended.

Illinois State Microscopical Society.

The Illinois State Microscopical Society recently held its semi-annual meeting, at which Mr. Colgrove delivered an address on "Recent Microscopical Work." He stated that while no discoveries of special interest had been made in microscopy, during the past six months, the microscope had contributed materially to the sum of human knowledge during this period. He reviewed the subject briefly, stating that the discussion of the question of aperture had ceased; the advocates of low angles, with the exception of Mr. Wenham, have apparently abandoned the field, while makers are now producing objectives of high angular aperture; and we find that those best qualified to judge generally recommend the immersion objective, used with a fluid whose refractive index is the same, or nearly the same, as that of crown glass.

Continuing his remarks, the speaker said that Prof. W. Fleming has recently published a detailed account of his extensive researches on the structure of nuclei, and their behavior during the process of cell division, according to which the nucleus consists of:

1. An investing membrane.
2. An intra-nuclear net-work, consisting of an extensive system of ramified filaments, exhibiting at intervals thickenings or pseudo-nucleoli.
3. The true nucleoli.
4. A pale ground-substance, filling up the remaining space, and devoid of visible structure in the living state, but assuming a granular, fibrillar appearance by the action of reagents.

The subject was afterward taken up by the medical gentlemen present, and discussed at considerable length. Dr. Curtis stated that since the appearance of Klein's Atlas he had devoted some time to the investigation of these statements; that, with high powers and the object just out of focus, he had seen an appearance something like that illustrated by Klein, and described by Fleming as an "intra-nuclear net-work." When the corpuscle is in true focus its surface presents a granular appearance, of a somewhat regular pattern, like the surface of a raspberry.

The meeting closed with an exhibition of interesting objects.

Microscopic Exchange Bureau.

We have received the following card:

"In our country there are no less than one thousand microscopists, who are engaged in preparing and mounting slides of all kinds, and who would willingly exchange with their fellow-workers were it possible to do so without much trouble and expense. By so doing preparers of limited means would be able to possess many slides not now accessible, and those engaged in specialties could possess a general collection without the accompanying expense now attending the purchase of what they wish.

"To facilitate such exchange this Bureau is established, and it must commend itself to all workers or amateurs.

"The following rules have been established to aid in conducting it:

"1. All joining shall send a box of not less than six (6) slides.

"2. To accompany the slides with a list of what they have for exchange.

"3. To send another list of what they wish to receive in exchange.

"4. Each one to pay his own postage to and from the Bureau.

"5. One slide of every six to belong to the office.

"6. *None but first-class slides to be sent.*

"7. Extra good or valuable slides will be rated as such.

"At times lists of slides on hand will be issued and sent to those interested.

"Arrangements are under way with some of the European microscopists for interchange between the two continents.

"The encouragement received has been such as to lead to the hope that ere long any slide can be furnished immediately. For further particulars address,

"HERMAN POOLE, MICROSCOPIC EXCHANGE BUREAU,
"*No 23 West Swan Street, Buffalo, N. Y.*"

* * *

SEVERAL Microscopes of excellent quality can be had by writing to the office of the MEDICAL NEWS. A good *Beck's Economic* for sale for $30. A stand with several lenses of Schieck, of Berlin, worth in Berlin $300, for $200.

GLEANINGS.

SYMPTOMS AND TREATMENT OF CYSTITIS OF THE NECK OF THE BLADDER.—Laforest, having carefully studied the different forms of cystitis of the neck of the bladder and their symptoms, sums up his results as follows (*These de Paris,* 1872; and *Bull. General de Therap.*, March 15, 1879): There are three different forms of cystitis of the vesical sphincters, according to the symptoms. They arise from different causes, and must be treated in different ways. The first form, which is most frequently met with, is comparatively the least troublesome one. It generally lasts from forty to sixty days, and is generally called "subacute cystitis of the neck." The treatment consists in most cases of simple therapeutical means, though the use of soft bougies will prove very efficient towards hastening the recovery of the patient. A second form of the affection is apt to cause much pain and trouble, owing to frequent attacks of spasms and contractions, which give rise to alternate fits of retention and incontinence of urine; while at the same time, the desire to micturate becomes so frequent as to cause the patient serious inconvenience, and disturb his rest. This affection lasts generally from six weeks to several months; the author has given it the name of "chronic cystitis, complicated with spasms and contractions." Owing to the fact that it is always brought on by inflammation, this form of cystitis may easily be cured during its earlier stages, but a purely medical treatment will hardly prove efficient enough alone, unless combined with surgical treatment. According to the severity of the case, either progressive dilatation or divulsion, or a local application of nitrate of silver, or even internal urethrotomy, may be successful. The third class has been simply named "rheumatic or nervous cystitis," as its etiology is very clear; urethritis nor blenorrhagia are present, only a purely rheumatic diathesis. Its duration is from three to six months, but cases have come under observation where it lasted for years; and, finally, ended fatally. The treatment must be a very energetic one; it generally consists in divulsion, internal urethrotomy, and even median lithotomy.—*London Med. Record*, May 15, 1879.—*Am. Jour. Med. Sciences.*

NEUROTOMY: A SUBSTITUTE FOR ENUCLEATION.—The lamentable effects which a sightless eye frequently produces upon its sound fellow has established as a law of ophthalmic surgery than an eye lost from accident, and which continues to be painful, is a dangerous organ. There are many cases, however, in which, in spite of the uselessness of the organ, and the recognized danger of sympathetic affection of its companion, strenuous objection is made to enucleation. In order to gratify the desire of these patients, and at the same time to preserve them from anticipated evils, Dr. Chisholm proposes division of the nerves entering the eyeball. As is well known, most of these nerves pierce the sclerotic in the immediate neighborhood of the optic nerve entrance, in conjunction with many of the vessels supplying the eye. The operation is performed by making a vertical incision over the tendon of the internal rectus muscle; this tendon is then divided, and the eye rotated forcibly outward by traction on the insertion of the tendon; a pair of strongly curved scissors is next introduced, and all the tissues in the neighborhood of the optic nerve divided. Deep sutures are placed in the severed muscle, the eye closed, and simple water-dressings applied. The hemorrhage is sometimes considerable, requiring a compress and bandage to control it, but it does not usually last long. Owing to the escape of blood into the posterior portion of the orbit, there is generally a good deal of exophthalmia, which, however, soon diappears. In the seven operations performed. recovery has been rapid and the success perfect. Dr. Chisholm thinks he can confidently recommend this operation to the attention of the profession, as possessing, in many cases, all the advantages of enucleation without the disadvantage of the subsequent use of an artificial eye.—*Medical Record.*

HEMORRHAGE—RULES OF TREATMENT.—Dr. A. L. Ranny (*Méd. Record*, June 28) gives the following as rules for meeting all possible indications in the treatment of hemorrhage: (1) Always ligate the bleeding vessel in moderate hemorrhage when convenient to do so. (2) Use compression over the wound on the main trunk in moderate hemorrhage when ligature of the wounded artery is inconvenient. (3) In violent hemorrhage enlarge the wound and tie the artery. (4) As a rule, never attempt ligation except when bleeding actually exists. The exceptions to this rule are (*a*) in exposed vessels of large caliber demanding ligature as a safety measure; (*b*) in delirium tremens following an injury; (*c*) when necessity for transportation exists. (5) Ligation should, as a rule, be applied at the bleeding point, and not remote from it. (6) Use the external wound as a guide to your incision to reach the vessel, except when the wound exists on the side opposite to the vessel injured, when a probe may be cut down upon. (7) Always use the greatest precaution to avoid needless loss of blood in reaching the vessel until the fingers can compress it. (8) The artery, when found, should be tied above and below the wounded portion, and, at a bifurcation, three ligatures should be used. In case the lower end can not be discovered, use compression in the wound as a substitute for ligature. (9) A ligature should not be placed close below a large branch. (10) In recurring hemorrhages the treatment should depend on the color of the blood and on the severity of the hemorrhages. If the hemorrhage springs from the proximal end of the artery, (*a*) tie if possible; (*b*) amputate if necessary; (*c*) use styptics and compression if both are impossible. (11) Amputation is preferable to ligature, (*a*) when great swelling of the limb renders ligation difficult; (*b*) when exhaustion of the patient forbids further search for the vessel; (*c*) when competent assistance is needed and not attainable. (12) In case a large vessel is injured without actual hemorrhage, hot flannels to the limb are indicated as a preventive measure. (13) In case an aneurism is the seat of the hemorrhage—provided the aneurism is traumatic in its origin—it should be treated on the same principles as if it were a wounded artery.—*Detroit Lancet.*

THE TOXIC EFFECTS OF TEA.—Dr. W. J. Morton, of New York, recently read a very suggestive paper on the above subject, before the American Neurological Association, at its regular meeting.

The conclusions which he reaches are not altogether new, but as the result of experiments made upon himself, are entitled to more than usual consideration.

In a resume, he finds that the "immediate effects of moderate doses of tea in the case of a healthy person are an elevation of pulse, increase of respiration, agreeable exhilaration of mind and body, a feeling of contentment and placidity, an increase of intellectual and physical vigor, with no noticeable reaction. An excessive dose was followed immediately by a rapid elevation of pulse, a marked increase of respiration (one-third more), an increase ef temperature, and no period of exhilaration, but immediate and severe headache, dimness of vision, ringing in the ears, dullness and confusion of ideas. Following this is a severe reaction, exhaustion of mind and body, tremulousness and nervousness, and dread of impending harm, that can not be relieved by taking more tea.

The effects of continuous doses were an increase of all these symptoms, with extreme susceptibility to outside impressions, constipation, diminution in the amount of urea, and an increase in the sulphates, phosphates and chlorides.

The doctor concludes his paper with the following summary:

1. That, as in any other drug, there is a proper and improper use of it.
2. That in moderation it was a mild and pleasant stimulant, followed by no harmful reaction.
3. Its continued and moderate use led to a very serious group of symptoms, such as headache, vertigo, ringing in the ears, tremulousness, nervousness, general exhaustion of mind and body, with disinclination to mental and physical exertion, increased and irregular action of the heart, and dyspepsia.
4. The mental symptoms were not to be attributed to dyspepsia.
5. It diminished the amount of urine, and retarded the metamorphosis of tissue.
6. Many of the symptoms of immoderate tea-drinking were such as might occur without suspicion of the real cause.

In the general discussions which followed the reading of this paper, Dr. Hammond mentioned neuralgia as one of the disorders following tea-drinking. Dr. Morton asserted that among tea-tasters the craving for alcohol, so common among them, was not uniformly felt, and that the danger from drinking was appreciated with these men.

This statement is at variance with other authorities, who assert that tea-tasters, as a rule, have a morbid craving for alcohol, or its compounds, accompanied with the delusion that it is a passing impulse, always within their control.

Excessive tea-drinkers always use some form of alcohol after a time, and a class of very complicated nervous symptoms follows, which can not be clearly classified. The use of tea and coffee to excess are always associated with inebriety at some stage of the disease. The relation of the disorders of tea-drinking and inebriety would form a very interesting study for the future.—*Quarterly Journal of Inebriety.*

CHANGES IN THE CUTANEOUS NERVES IN A CASE OF VITILIGO. —The pathological anatomy of vitiligo, especially the changes occurring in the cutaneous nerves, has hitherto received but little attention; a fact which will increase the interest in the following observation reported by MM. Leloir and Charrier. The patient was a man, twenty-three years of age, who had been attacked three years before with vitiligo, and who, during infancy, had suffered from various skin affections, such as impetigo, pemphigus, psoriasis, etc. Eight years previously he had contracted syphilis; five years afterward ulcerations appeared on the penis, and their vicinity was shortly marked by large characteristic spots of vitiligo. These spots, surrounded by deeply pigmented circles, increased in size, and new ones appeared in consequence of the irritation of the skin by the application of medicinal substances. This led M. Fournier to believe that the affection was of nervous origin. A small piece of skin was removed from a three-year-old patch, situated on the lower portion of the abdomen, and submitted to MM. Leloir and Charrier for examination. They found that a large number of the nerve-fibers were greatly changed, presenting distinctly the lesions of nervous atrophy. These changes pointed to the fact that there had been a slow degenerative process. Besides the nervous lesions, it was also shown that the epidermis was greatly thinned; the papillæ had entirely disappeared, and the corneous layer alone remained. Is this an exceptional case, or are these lesions always present in vitiligo? If they are present in all cases, this disease resembles other trophic troubles of the skin—for example, anæsthetic leprosy and certain forms of pemphigus.—*Le Courrier Medical*, December 27, 1879.

INFLAMMATION OF THE INTERNAL COAT OF THE VESSELS IN TUBERCULAR MENINGITIS.—In 1867 M. Cornil demonstrated the blocking, with fibrin and white blood-globules, of the vessels of the pia mater running through tubercles. Further observation has convinced him that the lesions of the vessels in tuberculosis do not consist entirely of inflammation of their sheaths and external coats, but that there is also a special inflammation of the tunica interna, and to this tubercular endarteritis and endophlebitis he has called the attention of the *Académie des Sciences*. This more or less thickened membrane, situated in the middle of the tubercle, is formed of round, elongated, or angular cells, all provided with small rounded nuclei. Approaching the lumen of the vessel, some very large cells are found, giant-cells in fact, which in this disease are only found in the internal vascular coat. As a practical conclusion, M. Cornil advances the opinion that these alterations tend to prove the infectious nature of tuberculosis, the contagion being evidently carried to the tunica interna by the poisoned blood.—*Le Courrier Médical*, January 3, 1880.

TRANSVERSE INCISION IN THE VELUM PALATI FOR THE REMOVAL OF NASO PHARYNGEAL POLYPI.—M. Boekel, of Strasbourg, has employed this method four times as a preliminary operation in the removal of naso-pharyngeal polypi. This incision, from two to three centimeters long, permits the operator to see a part of the pharynx and base of the skull. During the removal of the polypi, the blood, instead of flowing in the throat, rather makes its exit through the nose. The tumor being removed, the wound in the palate is brought together by means of a suture, the union being generally by first intention. The author has seen these wounds heal rapidly without sutures. The incision is made with a bistoury or thermo-cautery.—*Lyon Medical.*

JOHNSON'S FLUID BEEF.—This preparation of animal as food, now so well known both in Europe and America, contains the nutritive properties of beef in a concentrated form, the albuminous and extractive matter being combined. It has received the approbation of the most eminent physicians and chemists everywhere.—*Canadian Jour. Med. Science.*

Commencement Exercises of the Cincinnati Medical Colleges.

SINCE our last issue the Medical Colleges of this city have been holding their Commencement Exercises. The first was that of the *Miami Medical College*, held at Robinson's Opera-house, Monday evening, March 1st. This was attended by an assembly of ladies and gentlemen filling every available space of the house. The number of graduates was forty-five.

Prof. Murphy, the Dean, in some extended remarks, spoke as follows of the great number of physicians that are graduated yearly in the colleges of this county:

Three thousand doctors will in all probability be graduated this month. All of these men have learned how to prevent disease—yea, more, they have learned that the cure of disease does not consist in taking many drugs or in consulting many doctors. They have learned that nature, or the *vis medicatrix naturæ*, under favorable conditions, will cure all diseases not in themselves fatal. Finally, they have learned that every disease has a course, a duration, or a life, which can not be abridged or arrested. They have learned above all that the doctor's business is to conduct the disease to its most favorable termination quickly, safely and pleasantly to the patient.

Who will say that this knowledge does not constitute a valuable education?

Who will say that these young candidates will not be wiser men, healthier men, more useful men, in their day and generation, whether they are popular or successful physicians or not?

Let me assure this intelligent audience that the medical colleges of our country are doing their part in educating the doctor who can grapple with the diseases of our civilization, as well as to act the part of a good citizen.

Among the number in this good work, I can safely say that the Miami Medical College holds no secondary place.

The valedictory was delivered by Professor W. H. Mussey.

He sketched the history of the college, which inaugurated its first course of lectures in November, 1852, as a Faculty composed of Drs. Reuben D. Mussey, Jesse P. Judkins, John Davis, Charles L. Avery, John L. White, George Mendenhall, John A. Murphy, C. G. Comegys, John Locke, Jr. Of these only one remains connected with the institution—Dr. Murphy. He paid a tribute to the memory of the deceased members, Drs. Mussey, Judkins, Avery, Mendenhall and Locke, and expressed the hope that a fitting memorial will be given them by the Dean of the Faculty, whose professional associations have been so intimate with them, and whose clear perceptions of character, literary taste and attainments eminently fit him for such a work. It was not his intention to enter into details as to the career of the college in the work it is doing and has done as an educational institution in the most difficult and most responsible of the professions, but would simply point to the Alumni as a universal and perpetual honor to their *Alma Mater* and to the profession they had received at its hands. Their record is here in Cincinnati, it is abroad in Ohio and other noble States of the Union, and it is in the armies and navies of the nation. It was written in the dread pestilence, in the scourge of the epidemics, and not a few have laid down their lives who here entered heroically into the unequal contest, when they knew that death was almost certain to be their portion.

Every true son of Æsculapius has for his motto, "For Humanity's sake and God's glory," when he buckles on his armor, and swears that he will hold no exposure too great, or sacrifice too dear, for the exercise of his high calling, and that he will not lay down his armor so long as his brain is active, or his bodily vigor is equal to its duties.

Dr. Mussey applied the lash severely to those physicians who degrade their profession by substituting "filthy lucre" for "humanity," in their motto, and turned their profession into a trade. His address discussed the duties of the true physician, the man who subordinates everything to his profession except honor and manly character, and in this he drew a striking contrast between the charlatan in his stunning equipage, and the earnest practitioner who seeks the good of his patients and not self-laudation and display.

After Rev. Dr. Pratt pronounced the benediction on the exercises at Robinson's Opera-house, the Faculty extended an invitation to the graduates, the undergraduates and the members of the Alumni Association to unite with them in a few choice gustatory exercises of an entirely informal character at Keppler's, on West Fourth Street.

THE Commencement Exercises of the Medical College of Ohio were held Tuesday evening, March 2d, at the Music Hall. The attendance was large. The secretary announced the number of matriculants of the session as 326. The number of graduates was 121. An interesting feature was the awarding of prizes, of which there was quite a number. One gentleman, G. L. Mathes, of St. Paul, Minn., was the recipient of three prizes—one a microscope for the best written examination in physiology, a gold medal for best paper on final examination in Prof. Rausohoff's department, and a Faculty prize of gold medal for greatest excellence in all the departments. The most, if not all of the Chairs, awarded prizes.

Prof. Thad. A. Reamy, of the Chair of Obstetrics, delivered a memorial address on Prof. M. B. Wright, who, for twenty years, had been connected with the College. Among other testimonials of the virtues of the deceased he stated the following:

> Dr. Wright had but one work, one purpose. To this he brought gifts rich and rare, and freely consecrated them upon its altar. He goes down to posterity remembered not as a great and prolific author, for probably in but a single contribution to medical literature has he guaranteed quotation by writers on obstetrics for all time. But he shall not be forgotten. He was a proof that unsullied honor and unselfishness remain yet among men. In his countenance was seen beaming pure benevolence. True, there was clearly defined firmness of purpose, absolute will—self-assertion—but over it all played the divine sunlight of kindliness and love.

Prof. Jas. T. Whittaker made a brief memorial address on Prof. Jas. Graham, the former Professor of Principles and Practice in the College. We make the following extract:

> Something over three years ago the Secretary of the American Medical Association undertook the publication of a biography of the prominent medical men of the United States, He collected the material for his work by addressing notes to the individuals whose lives he thought worthy of record. One such note he sent to Dr. James Graham. The Secretary never received from Dr. Graham any response. The disease which finally took his life had already then made inroad upon his energy and ambition, and the last chance of an authentic account of his life was lost,
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> So nothing was known of his early life. The daily papers in their accounts at his death had no data other than the place of his birth. The year of it was recorded by guess and was recorded wrong. What there was in him of promise of the position he should take, what of the dawn of preface to the meridian splendor of his fame, is all dark. But one little note was

found among his papers that could shed any light upon his early days. It is an attempted response to the letter of Secretary Atkinson. The author of it evidently considered it unsatisfactory and never sent it on. But to those of us who knew him it is a characteristic note:

CINCINNATI, *Jan.* 23, 1877.

W. B. ATKINSON, M.D.:

Dear Sir:—I have been and still am so very ill that it would overtax me to write out at any great length a history of my life. The best I can do is to furnish you an autobiographical sketch.

I was born in New Lisbon, Columbiana Co., O., on the 28th of May, 1819. My parents were poor, but very respectable. My father, George Graham, was born in County Down, Ireland. His mother's maiden name was Nelson, and she is said to have been remotely related to my Lord Nelson

My mother was Eliza Branch, born, I think, in the city of New York, of parents whom I well remember as being well educated, proud, and aristocratic in bearing.

In my early boyhood I do not remember that I was rated for anything more than a very bright and wiry child, with great quickness and smartness of mind. I could learn my lessons at school with little labor, but my nervous temperament was such that I could not stand the restraint and confinement of the school-room, and hence I sought every opportunity to play truant I think it doubtful if I ever went to school for six consecutive days in my life. I got most of my education, which, in that day, consisted principally in reading, writing and ciphering, at the old log school-house on Sharp's Hill in New Lisbon.

My father kept in early days what was called a grocery store. He sold bread, cakes and beer, and had on one side of the shop a small stock of dry goods, iron nails, etc.

My father dying, the family was left to provide for itself. I went with an engineer, Cooper, to make surveys and "lay out work" for the contractors on the Sandy and Beaver Canal. I was then but a mere boy, got a dollar a day, and yet managed to lay up some $300 in money. Our expenses were but light, for when we had eaten, irregularly, twenty-one meals at a house, we paid for them $1.50.

With the money thus earned and saved, I commenced the study of medicine with Dr. McCosh. After a year, I commenced practice with Dr. Geo. Fries, then at Hanover, but subsequently a prominent physician and surgeon of this city. He was a rabid Democrat, and had been elected by that party a member of Congress, and to the office of Treasurer of Hamilton County. When the war broke out he was a bitter Copperhead, and I a Republican. We quarreled at this I left his office and residence, and never spoke to him afterward. I at once sought an office at 119 West Seventh Street. The rent was very cheap, but I was so very poor that I bought crackers and cheese for the sake of economy, and ate them in my back room. Very soon I got a large practice and had an income beyond my wants.

This was the simple story of his life. He speaks with pride of the accidents of his birth. His father's mother is said to have been related to my Lord Nelson, and his mother's parents he well remembers as being well educated, proud, and aristocratic in bearing Perhaps he got from them his own stateliness of bearing, that dignity of mien from which he never stooped; perhaps that keen, classic and skeptic face that made him look like the pictures of Voltaire. Perhaps the remembrance was rather tinged with bitterness than pride, for in the whole life of Dr. Graham he was never influenced in the least by the glitter of wealth or the glamour of social caste. No other consideration than inherent merit ever made him support a measure or a man. * * * *

One day, in his early youth, he stood up in the Medical Society and made a report of a case. His report was sharply criticised, and he defended himself with an ability in singular contrast with his age and experience. A few days afterward a far-sighted old physician, who was conducting a medical college, came to him and requested him to fill a chair in it. The students in the other schools thought it a joke, and they made up a crowd to go and give him a reception. They went down armed with paper-wads and such other missiles of juvenile aggression. They came pouring in at the door. Dr. Graham was just at his desk, and was stopped by the noise. For a moment he was thoroughly confused, then straightening himself, he begged for a few moments' attention. Forthwith he commenced his subject, and, as stimulated by the opposition, he continued his lecture, he poured out such a stream of simple eloquence as won every heart. Cheer after cheer went up as he closed. The whole class was won. In a few years more he was at the post he held for twenty years in the Medical College of Ohio.

Prof. Jos. Ransohoff delivered the valedictory address, taking for his subject the "Status of Medicine." He closed with the following remarks:

Gentlemen, you enter the profession at a time when "Progress" is stamped on all the banners of its many departments, a time in which liberal ideas are freely promulgated and tolerance abounds. The barriers which separate different schools are being leveled and the merits of each attested by all. Receive the rich legacy of wisdom and experience gathered in the past, and see that it is utilized according to the spirit of the time in which you live and work. By reason of circumstances, that which you will add to the general fund of knowledge will be of a practical kind. With the fervor of youth, you may hope to wrest some great and hidden truths from fields hitherto unexplored, but your hopes will not be realized. While blessed with the free institutions of a democracy, you are deprived of facilities for original investigation. While millions are annually expended in promiscuous charity, not a mite goes toward the erection of laboratories and museums, or the endowment of special chairs. Among the nations of Europe of smaller population and less natural resources than ours, universities, the fountains of knowledge, are maintained by the State. From their laboratories emanate the results of experimental research and practical truths. Grasp them, that you may shine with the knowledge thus absorbed, but the luster will be that of light reflected, not generated. Among you there may develop a Gross, Brainard or McDowell, but our land has not yet given birth to the man with opportunities to become a Virchow, Bernard or Helmholtz.

Laden with the honors of the Medical College of Ohio, go forth to do your manifold duties toward your patients, the public and your professional brethren. Learn to labor and to wait. Lasting and extensive popularity, the least questionable evidence of superiority and excellence, is achieved only after years of patient and unremunerative toil. Live to be lessons of benevolence and excellent examples; learn to cherish a love for virtuous deeds, and let respect for human nature as it is, and admiration for moral beauty, be the threads to guide you through life. "In a gingham-mill a broken thread or a shred spoils the web through a piece of a hundred yards." One unworthy deed casts a film over the work of a life.

Book Notices.

The Therapeutics of Gynecology and Obstetrics; Comprising the Medical, Dietetic and Hygienic Treatment of Diseases of Women, as set forth by Distinguished Contemporaneous Specialists. Edited by William B. Atkinson, A.M., M.D., Lecturer on Diseases of Children at the Jefferson Medical College; Author of "Hints in the Obstetric Procedure," etc. 8vo. Pp. 365. Philadelphia: D. G. Brinton. Price in cloth, $3.00; in leather, $3.50.

This work by the permanent secretary of the American Medical Association will undoubtedly obtain very considerable popularity in the profession. It is the third in the Series of "Modern Therapeutics," originally projected by the late Dr. George H. Napheys. The aim of the Series is to present the most modern and approved plans of treating the diseases considered, as set forth by the most eminent authorities and specialists in this country and Europe. The most recent publication of the European press, and all the special journals of both continents, have been laid under contribution.

In previous issues of the MEDICAL NEWS we have given pretty full descriptions of Dr. Napheys' "*Modern Therapeutics*," medical and surgical. While this work is on the same plan, yet we consider it superior to either one of the other volumes. One reason for it is probably because, the number of diseases comprehended being smaller, more space can be devoted to the consideration of the therapeutics of each one; consequently the treatment of the various affections by different authorities are stated in much fuller detail.

Every physician, of course, should be able to make his own prescriptions, but while we recognize this fact, it should be remembered there are special therapeutics as well as general therapeutics. The optician has a class of remedies which experience has proven is specially adapted to the treatment of diseases of the eye; and these have to be studied with reference to their therapeutical effects in affections of that organ. General therapeutics teach us as to the general properties of astringents and what they are, but we must learn by special study what class may be properly employed in morbid conditions of the organs of sight. What is true as regards ophthalmology is true also as regards gynecology and obstetrics—these, too, have their special therapeutics.

The work is divided into two parts—the first embracing the principal diagnostic features and a sketch of the treatment of various leading practitioners, with their prescriptions, of diseases of women, under the head of "Gynecological Obstetrics;" the second part being devoted to obstetric complications, under the head of "Obstetrical Therapeutics."

Turning to "Cervicitis (Ulceration and Granulation of Os, etc.)," we have a detailed account of the treatment, constitutional and local, with prescriptions of Dr. Robert Ellis, of London; Dr. A. Lebland, of Paris; Dr. T. Gaillard

Thomas, of New York; Dr. Lombe Atthill, of Dublin; Dr. Robert Bell, of Glasgow, and several others. Our readers will thus perceive that the work is one of value, not only to young physicians, but even to medical men, containing as it does a synopsis of the experience of so many eminent men.

CLINICAL LECTURES ON THE DISEASES OF WOMEN; Delivered in St. Bartholomew's Hospital. By J. Matthews Duncan, M. D., LL. D., F. R. S. E., etc. 8vo. Pp. 172. Philadelphia: Henry C. Lea. Cincinnati: R. Clarke & Co. Price, $2.

These lectures were originally published in the *Medical Times* and in the *Medical Examiner* at the request of the editors. They are now produced in a separate form at the instance of the publishers.

This is a very valuable collection of clinical lectures on diseases of women, and we have no doubt it will be held in high esteem by all who take an interest in these affections. Such complaints are considered as are most commonly met with, but with the treatment of which very many practitioners are sadly ignorant. A perusal of the work by such will enable them to prescribe much more intelligently for a class of ailments than they have been in the habit of doing, and oftentimes save them the mortification of having patients consult some irregular doctor to latter's advantage.

EDITORIAL.

HYGIENE.—Hygiene is now more studied than ever before, and its laws, as they become recognized, better carried out in the government of our large cities, and better observed, too, in families and with individuals. The consequence must be an observable increase in the average length of life. Probably there is no city in the United States in which the results of an intelligent and strict system of hygiene carried out can be so well observed as in the city of New Orleans. It is a city in which malarial diseases have prevailed to a very great extent. It has had many epidemics of yellow fever and other virulent affections. But when special efforts have been employed to place it in a healthy condition, as when occupied by General Butler in the late civil war, by a thorough cleaning of the streets and alleys and establishing sewerage, it has had complete immunity of all epidemic diseases—there not being, we believe, even a single case of yellow fever during the summer, which previously, at that season, had almost invariably prevailed to a greater or less extent.

We have recently received a small pamphlet from Joseph Holt, M. D., of New Orleans, entitled "Excerpta from the Annual Report of the Board of Health for 1879," in which is described the sanitary condition of the first district of New Orleans. The statements made by Dr. Holt, which, of course, embody his experience as a sanitary officer, show conclusively to how great extent diseases may be prevented—that those of a malarial character especially may be entirely warded off—stamped out, as it is termed. And malarial affections carry away every year their tens of thousands of lives. He finds from observation in each subdivision of his district that the death-rate bears an invariable ratio to the general sanitary state. On the fourth page of his pamphlet he says:

"The special disorders which have prevailed to an extent sufficient to influence materially the death-rate have been precisely those invariably associated with crowded population, living in badly-ventilated houses, built on wet and undrained soil, and in no manner provided with sewerage. Of phthisis pulmonalis, there have been 182 deaths; of pneumonia, 81; of bowel affections, recorded as enteritis, dysentery, diarrhea, typhoid fever, cholera-morbus, cholera-infantum and marasmus, there have occurred 168 deaths. Thus, out of a total of 1181 deaths from all causes whatsoever, considerably more than one-third have resulted from those diseases, notoriously the offspring of bad hygienic conditions, and therefore preventable.

* * * * * *

"The above mentioned diseases of the lungs and bowels predominate greatly over all other causes of mortality in the ill-drained and over-crowded centers of the poor.

"If an intelligent mind could for a moment doubt the causative relation existing between insufficient ventilation, bad drainage, the presence of accumulated filth and disease, the mortuary map of the Third District furnishes a demonstration so palpable, so uniform and unvarying, that seeing it once there could never again be entertained a vestige of uncertainty.

"There exist in the social economy of man no circumstances or conditions which bear the relation of cause and effect with greater certainty than bad hygienic surroundings do to misery, degradation, crime and disease.

"Great pestilences do not fall upon us from the heavens, nor are they visitations upon an innocent people, but are engendered and emanate from the disobedience of natural law in causes under our feet.

"While geographical position and climatic conditions are the varying factors in the production of the devastating scourges which sweep the human race, cholera, the plague, typhus and yellow fever, filth is the one factor constant, ever present, the fixed and absolute essential."

TREATMENT OF STAMMERING.—Dr. W. B. Hammond, in the *British Medical Journal*, gives the following practical hints on this subject:

If the attention of the stammerer can be diverted from himself and his articulation, he will often speak to others as calmly and as perfectly as he does to himself when alone. Now, there are various ways of accomplishing this object, but the one that I found most effectual was the performance of some slight muscular action synchronously with the articulation of the difficult syllables. The words that troubled me most were those that began with the explosive consonants—those that require the sudden opening of the lips for their enunciation—*b*, *p* and *t*. I could no more have repeated the alliterative lines, "Peter Piper picked a peck of pickled peppers," etc., to other persons without stammering than I could have walked to the moon, though perfectly able to say the whole piece through without a flaw when speaking alone. With each troublesome word, especially with one beginning a sentence, I made some slight motion with the hand or foot, or even with a single finger, and I found that this plan enabled me to get the word out without stammering. With the enunciation of "Peter," for instance. I would tap the side of my body with the hand just as I opened my lips, and the word was articulated without the least halting. In the procedure, the attention is diverted from the effort to speak to the performance of the muscular action mentioned, and hence the speech becomes more automatic than it is with stammering. It consists in efforts to render the speech automatic. No orator thinks of his articulation when he is making a speech; no one in ordinary conversation thinks whether or not he will be able to pronounce a certain word, or to acquit himself well in the management of his tongue and lips. His mind is concerned with his thoughts, with what he is going to say, not with the manner in which he will articulate, and the more thoroughly we can succeed in bringing stammerers into the same way of procedure the more successful shall we be in our efforts to cure them.

WHAT IS A COLD?—Apropos of the subject of taking cold, which is considered in a recent number of the *Journal*, the London *Lancet* remarks:

It is startling to discover how little we know about the commoner forms of disease. For example, a "cold." What is it? How is it produced, and in what does it consist? It is easy to say a cold is a chill. A chill of what part of the organism? We know by daily experience that the body as a whole, or any of its parts, may be reduced to considerably lower temperature than will suffice to give to man a cold, if the so-called chill be inflicted upon the surface suddenly. Is it then the suddenness of a reduction of temperature that causes the cold? It would be strange if it were so, because few of the most susceptible of mortals would take cold from simply handling a piece of cold metal or accidental contact with ice. The truth would seem to be that what we call cold-taking is the result of a sufficient impression of cold to reduce the vital energy of nerve centers presiding over the functions in special organs. If this be the fact, it is easy to see why nature has provided the stimulus of a strong fit of sneezing to rouse the dormant centers and enable them at once to resume work and avoid evil consequences. This explains why the worst effects of cold do not, as a rule, follow upon a "chill" which excites much sneezing. Shivering is a less effective convulsion to restore the paralyzed nervous energy, but in a lower degree it may answer the same purpose. The shivering that results from the effect of a poison on the nervous centers is a totally different matter. We speak only of the quick muscular agitation and teeth chattering which occur whenever the body is exposed to cold, and evil results do not ensue. It follows from what we have said that the natural indication to ward off the effects of a chill is to restore the vital energy of the nerve centers, and there is no more potent influence by which to attain this object than a strong and sustained effort of the will. The man who resolves not to take a cold seldom does.

ARTIFICIAL DIAMONDS.—A great deal has been said in the newspapers of late in regard to the production of artificial diamonds. Our readers, no doubt, have seen announcements of very great positiveness that the secret has finally been discovered by which diamonds can be made, and that they would soon become as plenty and cheap as blackberries. Of course, under such circumstances, the vast wealth of many individuals would be dissipated. But the time is a good ways off before we will have artificially-made diamonds.

We copy the following on the making of diamonds from the *Popular Science Monthly* of March:

"The 'todo' about the artificial production of the diamond has been set to rest by Professor Maskelyne, who, in reply to numerous letters of inquiry on the subject, sends to *Nature* the results of his examination of the Macteor specimens which came into his hands for the purpose. He tested these so-called diamonds—1. With reference to their hardness. 2. Their refracting power, and 3. Their combustibility. The samples sent to him were 'too light to possess appreciable weight—to small even to see, unless by very good eyesight or with a lens.' Yet were sufficiently large to serve his purpose. 'A few grains of the dust—for such the substance must be termed—were placed between a plate of topaz—a cleavage face with its fine, natural polish—and a polished surface of sapphire, and the two surfaces were carefully 'worked' over each other with a view to the production of lines of abrasion from the particles between them. There was no abrasion. Ultimately the particles became bruised into a powder, but without scratching even the topaz. They were not diamond. Secondly, some particles more crystalline in appearance than the rest were mounted on a glass microscope slide and examined in the microscope with polarized light.' They each and all presented powerfully the property of doubly refracting light. Finally, two of these microscopic particles were exposed to the intense heat of a table blow-pipe on a bit of platinum-foil. They did not burn. They were afterward placed in contact with two little particles of diamond-dust, exceeding them in size, and the experiment, on being repeated, 'showed that the diamond particles glowed and disappeared, while the little particles from Glasgow were as obstinate and as unacted on as before.' When subjected to a stream of oxygen gas the result was the same. Hence, Professor Maskelyne concludes that the substance supposed to be artificially formed diamond *is not diamond* and is *not carbon.*

"Further experiments led him to the conclusion that it consisted of some crystallized silicate, or possibly of more than one such."

The fate of the Glasgow diamonds has induced Prof. W. Nattieu Williams to send to *Nature* an account of his experience in diamond-making for the benefit of those who may have an attack of the diamond mania. He states that for the popular class-room experiment of burning phosphorus in oxygen he used a cup of chalk, deeper and with a smaller rim than the brass cups usually made for this purpose—the object of this being to check too rapid outburst of combustion. He observed that a cup, several times used for this purpose, became coated on the inside with a hard, glassy enamel, which he supposed to be phosphate of lime. To test this, the cup was thrown into hydrochloric acid and dissolved, but at the bottom there remained a residue of insoluble crystalline particles. "Could it be possible that the carbonic acid, driven off by heating the chalk, had, in reaching the heated phosphorus, become dissociated, its oxygen combining with the phosphorus, and its carbon thrown down as veritable diamond?"

These crystalline particles when tested were found to scratch a glass pestle and mortar in which they were rubbed, but were too small for further examination. To obtain a better supply, phosphorus was dissolved in bisulphide of carbon, and this solution mixed with powdered chalk constituted a paste, which was put into a porcelain crucible, and the mass fired by heating it over a Bunsen burner.

"It blazed magnificently, throwing out eruptive jets of flame. Here, in the absence of surrounding oxygen, the carbonic acid has every opportunity of becoming dissociated or reduced by the heated phosphorus." The residue, treated with hydrochloric acid, yielded a quantity of crystalline grains.

These when tested left scratches on the glass mortar and pestle, and even seemed to leave slight marks upon an agate pestle and mortar. Examined, however, under a microscope, they resembled pebbles more nearly than crystals, and this fact led to the theory that they were "miniature chalk-flints formed by the fusion and aggregation of the silicious cuticles of fossil diatoms." This was tested by precipitating pure carbonate of lime, soaking it with the phosphorus solution, and, after firing it, treating it with hydrochloric acid, when *all trace* of dissociated carbonic acid disappeared, and neither diamonds nor other crystalline residue remained.

Common Sense in Emergencies.—The story is told of Brunel, the eminent engineer and builder of the Thames Tunnel, that one day, while amusing a child with tricks of sleight of hand, he attempted one which resulted in a serious accident to himself, and at the same time illustrated the danger of playing pranks with the mouth. The trick consisted in adroitly concealing a half sovereign in his mouth and pretending to bring it out at his ear. All at once, to his dismay, the coin slipped down into his gullet, and there stuck in spite of every effort, surgical or otherwise, to dislodge it. In this dilemma common sense came to the rescue. Brunel himself devised an apparatus to which he was strapped head downward, keeping his mouth open, when, to his inexpressible relief, the coin dropped from its dangerous position and rolled out upon the floor. A sword swallower, who once lost a bayonet in his throat during one of his public performances, resorted to similar means for recovering it, and was equally successful.

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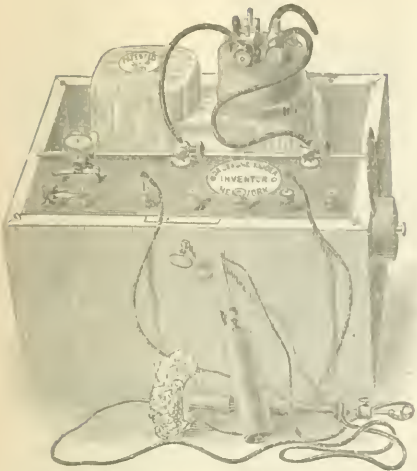

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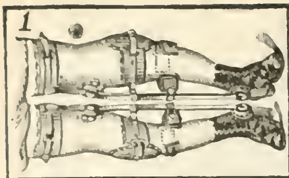
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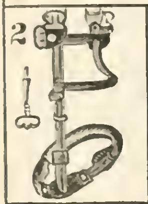
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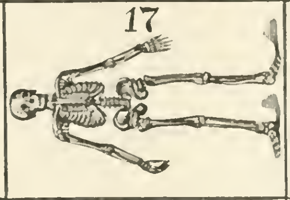
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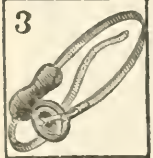
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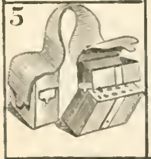
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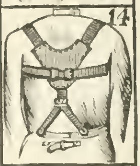
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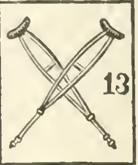
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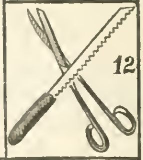
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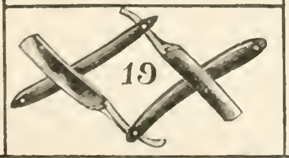
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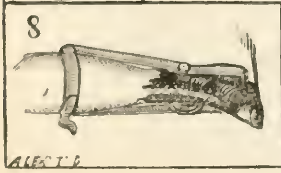
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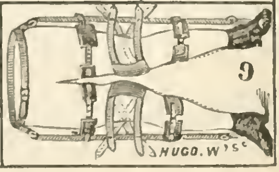
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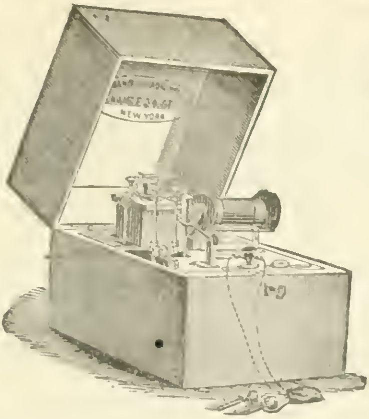

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Report from Bellevue Hospital, New York.

In *The Hospital Gazette* for February 6th. 1879 [page 108] Dr. E. Hochheimer makes a report from BELLEVUE HOSPITAL of a case of Infantile Paralysis. which was followed by an exhausting diarrhœa—Speaking of the treatment, he says: "Her condition continued unchanged for the next three weeks; she was put upon a diet consisting principally of milk, but the diarrhœa persisted in spite of opiates and astringents."

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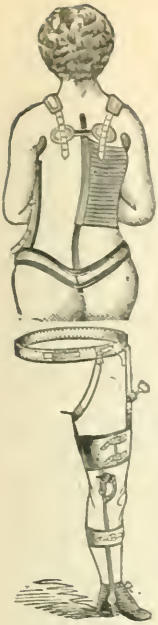

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During the past year we have received nearly one thousand letters from the Medical Profession in this country and Great Britain, referring to the therapeutic value of Maltine: their character is indicated by several extracts which we present below.

Baltimore, Md., Jan. 20th, 1879.

We have realized decided benefit in a large number of cases treated in the City Hospital, and at the Dispensary connected with it, from your preparations of Maltine Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M.D., Resident Physician, City Hospital.

Baltimore, Md., Jan 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREETT, M D., Resident Physician, Maternite Hospital.

Louisville, Ky., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M.D.

Jackson, Mich., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M.D.

St Charles, Minn., March 23rd, 1879.

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled condition of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously, and had abandoned the use of them when my attention was called to Maltine.

C. R. J. KELLAM, M.D.

36 Weymouth Street, Portland Place, London,
May 30th, 1879.

I am ordering your Maltine very largely.

LEONOX BROWN, F.R.C.S., Sen. Surg., Centl. Throat and Ear Hosp., etc.

75 Lever Street, Piccadilly, Manchester,
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine, with Beef and Iron, most valuable.

J. SHEPHERD FLETCHER, M.D., M.R.C.S.

Eddie Cross House. Rose, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M.B., M.R.C.S.

CHEMICAL REPORTS ON MALTINE.

BY R. OGDEN DOREMUS, M. D., LL.D.

Professor of Chemistry and Toxicology, Bellevue Hospital Medical College;
Professor of Chemistry and Physics, College of the City of New York.

NEW YORK, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where MALTINE is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, to the concentration of the liquid product by evaporation in vacuo. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

MALTINE is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I can not commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

BY PROF. JOHN ATTFIELD, F.C.S.

Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain;
Author of a Manual of General Medical and Pharmaceutical Chemistry.

LONDON, 17 BLOOMSBURY SQUARE, W. C.
October 28th, 1878.

To Messrs. Reed & Carnrick:

GENTLEMEN:—I have analyzed the extract of malted Wheat, malted Oats and malted Barley, which you term MALTINE. I have also prepared, myself, some extract from these three malted cereals, and have similarly analyzed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your MALTINE belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your MALTINE is about ten times as valuable, as a flesh former; from five to ten times as valuable, as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours faithfully, JOHN ATTFIELD.

LIST OF MALTINE PREPARATIONS.

MALTINE—Plain.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Cod Liver Oil and Phosphates.
MALTINE with Hops.
MALTINE with Hypophosphites.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phos. Iron, Quinia and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.

MALTINE is now in the hands of the wholesale trade throughout the United States.

We guarantee that MALTINE *will keep perfectly in any climate, or any season of the year.*

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Since we first invited the particular attention of physicians to Cinchonia Alkaloid and Cinchonia Mixture, we have been almost daily in receipt of testimonials to its efficacy.

We have made selections from these, and collated them according to the portions of the country whence they were written. We will be happy to mail copies, upon application, to physicians who have not received them.

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TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly:* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say: —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,

Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,

Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.

DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated

DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.

GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.

Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.

"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

"F. A. GAMAGE, M.D."

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MILK OF MAGNESIA

The Most Effective Aperient and Antacid Known.

IT IS ESPECIALLY VALUABLE,

FIRST: In Disorders of the Stomach, Indigestion, Sick Headache, Nausea, Costiveness, Flatulency.

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THIRD: As a Laxative, removing causes of Constipation.

FOURTH: As a Preventive of Sourness of Food in the Stomach.

FIFTH: As the unfailing and acceptable remedy for the Nausea incidental to Pregnancy.

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In Languor, Debility, and Loss of Ambition.
In Impairment of the Brain, and in complaints that follow Overtaxing the System.

To Members of the Profession, to Merchants, to Students, and to all whose pursuits demand intellectual activity, and therefore draw heavily upon their vital powers, Phospho-Nutritine has proven itself to be the thing desired.

In contrast with other preparations pressed upon the public, as of value in Nervous Affections, it is to be understood that

PHOSPHO-NUTRITINE does not STIMULATE calling the already enfeebled system to *further present fitful activity*, only to be followed by *complete exhaustion;* extorting a momentary brilliancy from a dying ember, but that it repairs

PHOSPHO-NUTRITINE ENERGIZES, the waste, quiets the nerves and nourishes the vital powers; *produces and aggregates new strength for future effort.*

Phillips' Palatable Cod Liver Oil,

IN COMBINATION WITH PHOSPHO-NUTRITINE.

A Pure, Perfect, Pleasant, Powerful Preparation.

MIXES WITH WATER IN ALL PROPORTIONS, FORMING A MOST PALATABLE AND INVIGORATING DIET.

For use in Consumption, Scrofula and Wasting Diseases.

This combination is a perfect preparation of pure Norwegian Cod Liver Oil, and Phospho-Nutritine, as found in White Wheat, retaining all the remedial and nutritive principles of each, compounded in accordance with scientific principles, under our direct supervision. The Medical Profession, as far as we have been able to reach, have unhesitatingly preferred PHILLIPS' "PALATABLE" for these reasons:

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Confident of the superiority of our preparation, which feeling of confidence has been confirmed by innumerable unsolicited testimonials from most eminent practitioners, we solicit from all interested in the prescription or administration of medicine, an examination into their merits; to assist you in which will be our pleasure, if you will address to us a notice of your desires.

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Professor of Chem. Mat. Med. and Therap. in the N. Y. College of Dent.; Prof. of Chem. and Hygiene in the Am. Vet. College, etc., etc.

A. VAN DEVEER, M. D., Albany, N. Y. Prof. of the Prin. and Prac. of Surg., Albany Med. Col.; Surg. Albany and St. Peter's Hospitals.	"I have given LACTOPEPTINE a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration."
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